

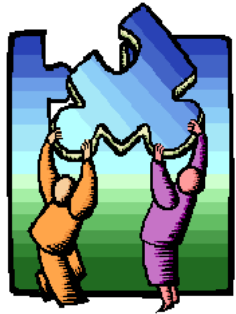


AmeriCorps*VISTA and the Prevention Resource Center

Source: Center for Substance
Abuse and Prevention (CSAP)

Author: Ryan J. Smart, VISTA PRC

January 3, 2001



Recap: The 5 PRC Goals



(Goal 1)

Reduce child abuse and neglect by promoting child safety and healthy family functioning.



(Goal 2)

Reduce youth use of tobacco, alcohol and other drugs by promoting alternate activities and healthy lifestyles.



(Goal 3)

Reduce youth violence and crime by promoting the safety of all citizens.



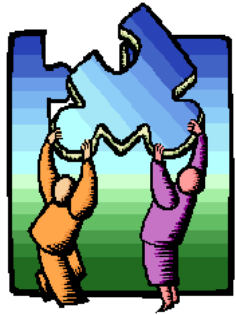
(Goal 4)

Increase the percentage of Montana high school students who successfully transition from school to work, post-secondary education, training and/or the military.



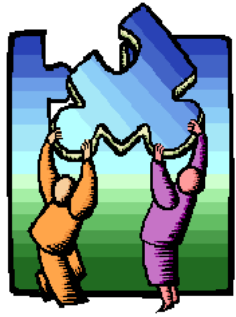
(Goal 5)

Reduce teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy and child rearing are serious responsibilities.



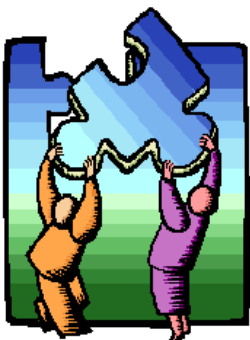
Building Blocks of a Good Prevention Program

- **Based on sound theory and uses practices grounded in research.**
- **Systematically planned and assessed.**
- **Facilitated by knowledgeable and competent staff.**
- **Addresses participants from a variety of backgrounds and cultures, and it uses a code of ethics.**
- **Developmentally appropriate.**
- **Incorporates the media.**
- **Has an evaluation component.**



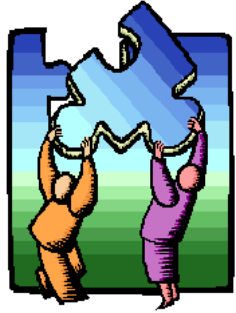
Risk and Protective Factor Theory

- Problem behaviors share common risk factors.
- Risk factors increase the chance of behavior problems.
- Increase protective factors to help buffer the effects of risk factors.
- Decreasing the number of risk factors present in an individual's environment.



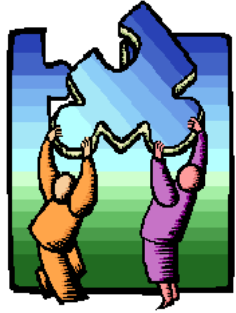
Community Risk Factors

- Availability of drugs
- Community laws and norms favorable toward drug use
- Transitions and mobility
- Low neighborhood attachment and community disorganization
- Extreme economic deprivation



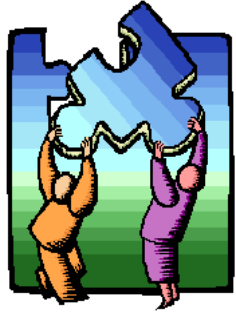
Family Risk Factors

- Family history of substance abuse
- Family management problems
- Family conflict
- Parental attitudes (advocating) and involvement in drug use (i.e. children lighting cigarettes for parents, getting beers from fridge for parents or consumption)



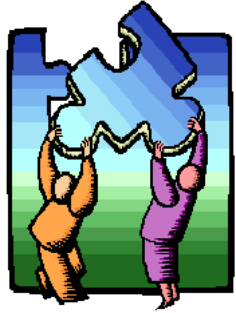
School Risk Factors

- Early and persistent antisocial behavior
- Academic failure beginning in elementary school (the experience of failure is the risk, not the disability to succeed)
- Lack of commitment to school (both parent and child)



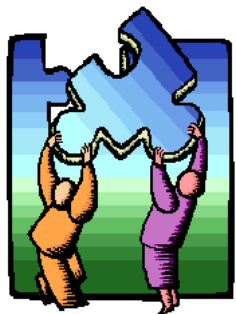
Individual/Peer Risk Factors

- Alienation/rebelliousness
- Friends who use drugs (big item here)
- Favorable attitudes toward drugs
- Early initiation of drug use (before age 15)
- Constitutional factors (biological such as sensation seeking and genetic predisposition)



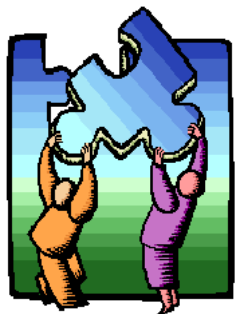
Protective Factors

- **Individual Characteristics**
 - Gender, Resilient Temperament, Positive Social Orientation, Intelligence
- **Bonding**
 - Opportunities, Skills, Recognition
- **Healthy Beliefs and Clear Standards**



Social Development Strategy

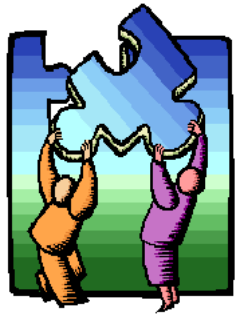
- Based on:
 - Individual Characteristics;
 - Opportunities to develop skills and use them;
 - Opportunities for social bonding;
 - Development of healthy beliefs and clear standards that lead to healthy behaviors.



CSAP Developmental Assets

- Emphasizes strengths in people
- Focuses on youth as resources, not problems
- Focuses on increasing the number of assets present in youth's lives

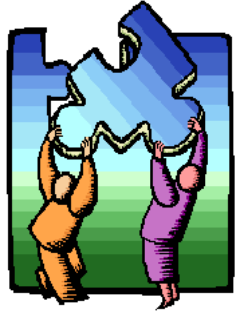
www.samhsa.gov/centers/csap/csap.html



Search Institute Developmental Assets

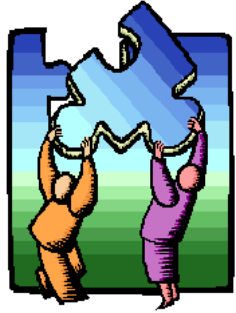
- This framework identifies 40 critical factors for young people's growth and development;
- Offers a set of benchmarks for positive child and adolescent development;
- Clearly shows important roles that families, schools, congregations, neighborhoods, youth organizations, and others in communities play in shaping young people's lives.

www.search-institute.org/assets/



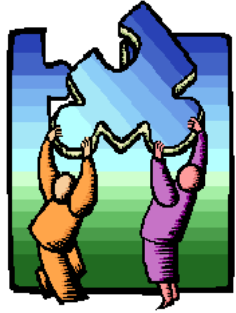
Resiliency

- Focuses on how children “bounce back” in the face of adversity
- Includes several factors which foster resilience in kids
- Examples:
 - Parental age relative to child’s age
 - Number of children in a family
 - Spacing between children in a family
 - Steady employment of caretakers
 - Presence of at least one caring adult (whether that be a relative or not)



Six Prevention Strategies

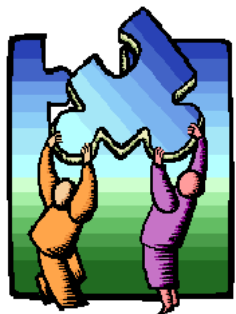
1. Information Dissemination
2. Prevention Education
3. Alternative Activities
4. Community-based Processes
5. Environmental approaches
6. Problem identification and referral



Six Prevention Strategies

1. Information Dissemination

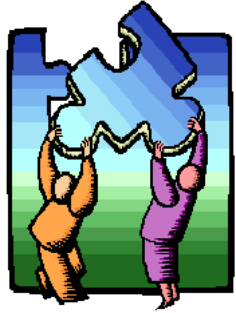
- Must be used in conjunction with other prevention approaches to be effective
- Appeal to youth's motives for engaging in risk behavior or perceptions about risk-taking behavior
- Television and radio "spots" in choice air times
- Avoid the use of authority figures



Six Prevention Strategies

2. Prevention Education

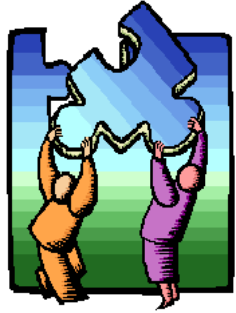
- Interactive approaches engaging the target audience are more effective
- Peer-led or include peer-led components
- Academic year or longer and involve booster sessions
- Two sets of workshops that work to improve parent skills along with adolescent skills



Six Prevention Strategies

3. Alternative Activities

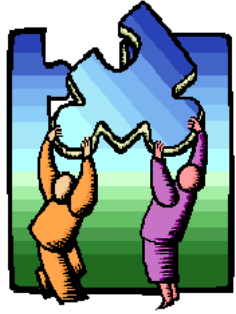
- Part of a comprehensive prevention plan.
- Benefits high-risk youth who may not have adequate adult supervision.
- Example: After school art programs, service/learning, volunteer civic service, etc.
- One-shot community events do not, in themselves, change the behavior of participants.



Six Prevention Strategies

4. Community-based Processes

- Characteristics of successful partnerships include:
 - ✓ a clear vision
 - ✓ committed partnership members
 - ✓ diverse participants
- Paid coalition staff operate as resource providers and facilitators
- Simple committee structures are most productive

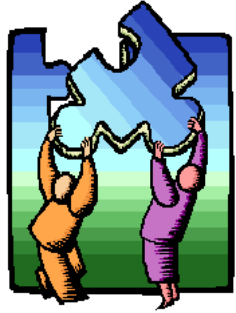


Six Prevention Strategies

5. Environmental

Examples include:

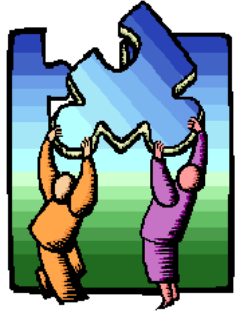
- Excise taxes
- Minimum purchase age laws
- “Use and lose” laws. Penalties should not be too harsh.
- Outlet density
- Ordinances (city or county)



Six Prevention Strategies

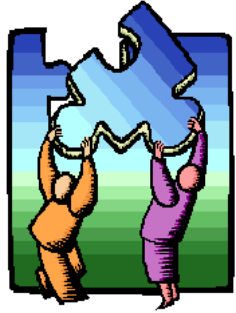
6. Problem ID and Referral

- Understand scope of the problem
- Be careful of labeling “problem child” when you are really trying to ID a problem behavior
- May expose youth to more problematic substance abusers by referring them to an inappropriate treatment/intervention.
- Example of a Referral: Family therapy



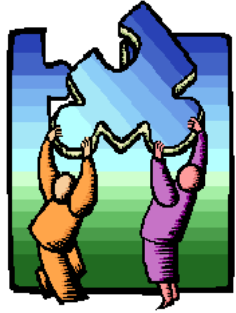
Program Planning

- Planning allows us to create an objective profile of our community, identify how to target resources and efforts, and implement more effective strategies.



7 Steps to Build a Good Program

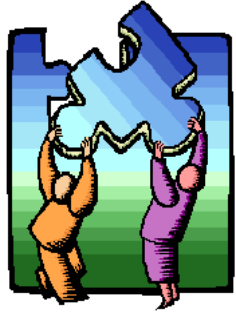
1. Increase the community's readiness
2. Assess risk/protective factors
3. Gather Data and Determine Priorities
4. Examine community resources
5. Target efforts
6. Use best practices and guiding principles
7. Evaluate



7 Steps to Build a Good Program

1. Community Readiness

- Extent to which a community is prepared to implement and support a prevention program (there are 9 stages of readiness)
- A community's readiness can be enhanced.

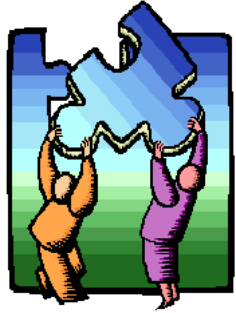


7 Steps to Build a Good Program

2. Assessment

- Identify what the problems are and what risk and protective factors are active in the community.





7 Steps to Build a Good Program

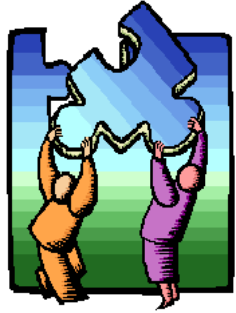
3a. Gathering Info About the Community

➤ **Questions to consider:**

- Historical issues
- Economic and Political issues
- Traditional or culture-specific issues
- Medical Orientation/Diet
- Spirituality

➤ **Places to Look:**

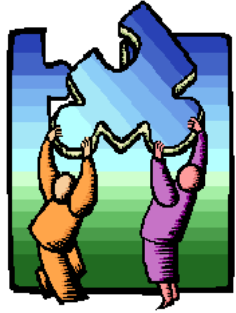
- Census data, reports, and statistics (medical/public health references)
- Behavioral and social literature/newspapers
- Consult with local professionals (academicians, health professionals, leaders of the target community)



7 Steps to Build a Good Program

3b. Prioritize

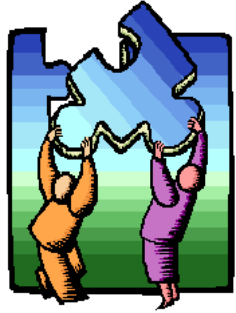
- After you have gathered data and assessed the community, analyze the data and prioritize what the communities greatest needs are.



7 Steps to Build a Good Program

4. Examine Community Resources

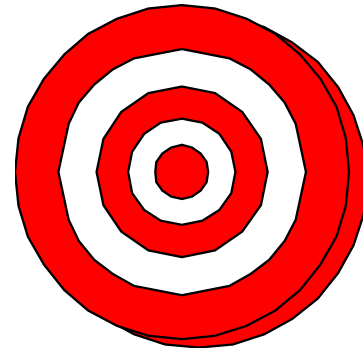
- Reduce risk factors and increase protective factors
- “What is going on in my community?”

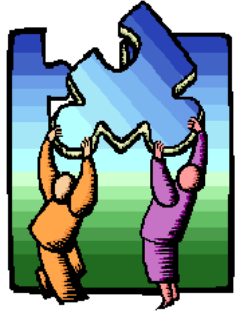


7 Steps to Build a Good Program

5. Target Efforts

- Universal—addresses the entire population
- Selective—addresses an at risk population
- Indicated—addresses a population that has already experienced an onset of a risk behavior.

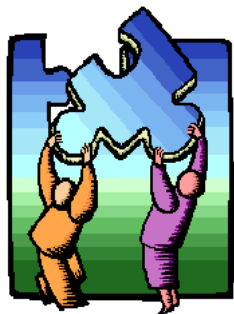




7 Steps to Build a Good Program

6. Use Best Practices and Guiding Principles

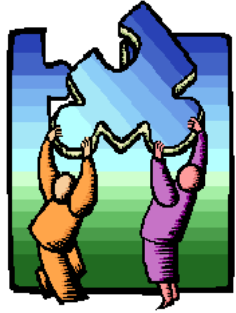
- It is important to build upon the knowledge and research that exists
- Better chances of receiving funding
- Developed plan of evaluation and implementation



Steps to Build a Good Program

7. Evaluate

- Why would we evaluate?
- What are some types of evaluation?
 - ***Logic Model*** (note this serves as a conceptual framework for building a program that has a built-in evaluation component).



Logic Model

➤ Definition

- Description of what a program is expected to achieve and how it is expected to work.
- It is a map linking together a project's goals, activities, services, and assumptions.

➤ Benefits

- Develops understanding, exposes assumptions, and promotes communications.
- Helps monitor progress, and serves as an evaluation framework.
- Great Way to Apply for Grants!



Designing a Model

- **Goals**

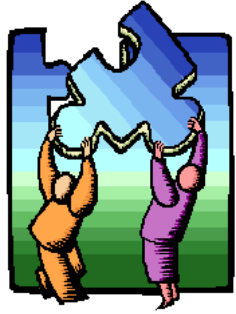
- Risk and Protective factors to be addressed.

- **Strategies**

- Services and activities to be provided.

- **The Target Group**

- Who will participate in or be influenced by the program?



Designing a Model

➤ **If-Then Statements**

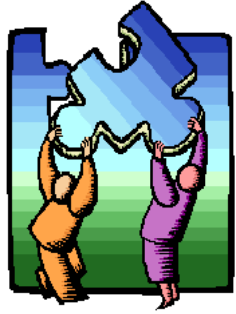
- How will these activities lead to expected outcomes?

➤ **The Short-term Outcomes**

- What immediate changes are expected for individuals, organizations, or communities?

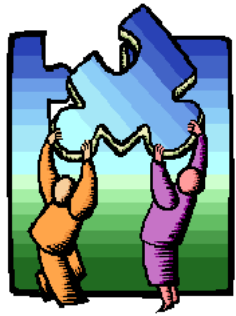
➤ **The Long-term Impacts**

- What changes would the program ultimately like to create?



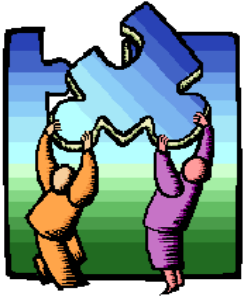
Outcomes Vs. Impacts

- No right number of outcomes or impacts.
- The more immediate the outcome, the more influence a program has over its achievement (strong cause/effect relationship).
- The longer term the impact, the less direct influence a program has over its achievement (less strong cause/effect relationship).
- Don't confuse outcomes with outputs (e.g. clients served, hours of service provided).



Questions to Consider When Evaluating

1. Ask a question that directly relates to the column of the logic model you are evaluating.
2. Be specific.
3. In finding methods to answer the question, also be specific and determine several methods of answering the question.



Blank Logic Model

(Goals)	(Strategies)	Target Population	IF-Then	Short-term Outcomes	Long-term impacts
Logic Model					
Evaluation Questions					
Sources, and Methods					



mOst
Ravalli teens
(**76%**)
are tobacco free.

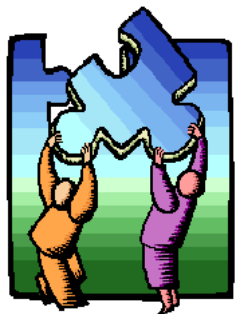
**dogs
KNOW
all**

MOST of us
MONTANA SOCIAL NORMS PROJECT

www.mostofus.org

survey data source: Montana Prevention Needs Assessment Survey 2000

Photo: © Anne Sherwood Photography for the MOST of US Campaign



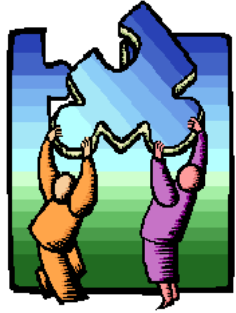
Prevention and the Media

➤ Communication Channels:

- TV, Radio, Billboards, Newspapers, PSAs, magazines, school curricula, churches, doctors' offices/clinics ...

➤ Is the Glass Half Empty or Half Full:

- Traditional press releases focus on negative behaviors, and the statistics reflect non-normative behavior.
- A better press release is consistent with our goals of promoting health and should reflect social norms.
- Also, a good press release emphasizes the seriousness of the situation without losing context of focus on the positive.



Prevention and the Media

➤ Media Advocacy

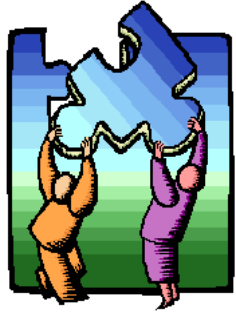
- Strategic use of media as a resource for advancing a social or public policy initiative.

➤ Media Literacy

- The ability to “read” or “decode” messages in a variety of print and electronic media.

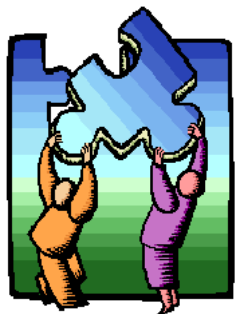
➤ Social Marketing

- The process of applying basic (commercial) marketing techniques to social issues in order to create behavior change.



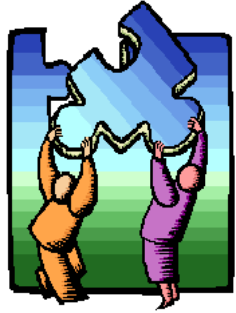
Ethical Code of Conduct

- Non-discrimination
- Competence
- Integrity
- Nature of Services
- Confidentiality
- Ethical Obligations



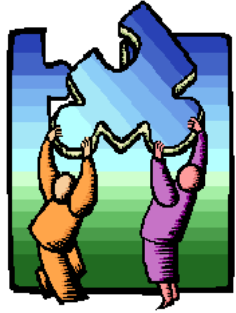
Culture

- A Culturally competent prevention worker:
 - ✓ Understands cultural differences and similarities between different cultural groups.
 - ✓ Has a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons from the community in developing prevention programs.
- Culturally Appropriate Programs:
 - ✓ Effectively demonstrates sensitivity to cultural differences and similarities and uses cultural symbols to communicate a message.



Conclusion

- Program Building Blocks
- Risk/Protective Factor Theory
- Developmental Assets/Resiliency
- 6 Prevention Strategies
- 7 Steps of Program Planning
- Culture/Ethics
- Media
- Logic Model



Resources

- Visit the Prevention Resource Center Website for resources on data/statistics, programs, grant opportunities and current news.

www.state.mt.us/prc

- Visit the SEARCH Institute's Website for helpful information regarding Youth Development and Assets.

www.search-institute.org/assets/

- Visit the CSAP Website for more information regarding prevention strategies.

www.samhsa.gov/centers/csap/csap.html