The Coalition for the
Promotion of Behavioral Health

Prevention Training Module 1:
Introduction to Prevention Theory & Concepts

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Acknowledgements

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Introduction

This module focuses on increasing students' knowledge of key theories and principles of prevention practice and policy. It is part of a broader effort by the **Coalition for the Promotion of Behavioral Health** and the social work **Grand Challenge to Ensure Healthy Development for All Youth** to integrate prevention training into foundational curricula for MSW students. This broader effort includes training modules on:

Introduction to Prevention Theory and Concepts
Direct Practice in Prevention
Community Prevention Practice
Policy Prevention Practice

Each of these modules can be used as standalone instructional tools. However, to maximize learning we recommend that students be exposed to the Introduction to Prevention Theory and Concepts module prior to the direct practice, community, and policy modules.

Objectives

Upon completion of this module, students will be able to:

- Describe prevention (what it is, why it is beneficial, and its three levels)
- Describe concepts of risk and protection
- Identify risk and protective factors through assessment
- Describe how the social development strategy can reduce risk and enhance protection
- Identify empirically supported strategies to promote the behavioral health of youth

This module addresses these Council on Social Work Education Educational Policy and Accreditation Standards:

- **Competency 6**: Engage with Individuals, Families, Groups, Organizations, and Communities
- **Competency 7:** Assess Individuals, Families, Groups, Organizations, and Communities
- **Competency 8:** Intervene with Individuals, Families, Groups, Organizations, and Communities

Materials needed:

- Internet connection
- Large dry-erase board or butcher paper and relevant writing utensils
- Printed or electronic versions of handouts (see Appendix)

Total time:

2 hours, 45 minutes

Exercise 1: Prevention Strategies

1.1 Start by reading the following story aloud. [5 minutes]

Upstream/Downstream

Adapted from Donald D. Ardell

It was many years ago that villagers in Downstream recall spotting the first body in a river. Some old timers remember the poor facilities and procedures for managing the rescue. Sometimes, they say, it would take hours to pull just 10 people from the river, and even then, only a few would survive.

The number of victims in the river has increased greatly in recent years, and the good folks of Downstream have responded admirably to the challenge. Their rescue system is clearly second to none. Now, most people discovered in the swirling waters are reached within 20 minutes—many in less than 10. Only a small number drown each day before help arrives. This is a big improvement from the way it used to be.

Talk to the people of Downstream, and they'll speak with pride about the new hospital by the edge of the waters, the flotilla of rescue boats ready for service at a moment's notice, comprehensive plans for coordinating all the manpower involved, and the large number of highly trained and dedicated swimmers always ready to risk their lives to save victims from the raging currents. "Sure it costs a lot," say the Downstreamers. "What else can decent people do except to provide whatever help and support is necessary when human lives are at stake?"

A few people in Downstream have raised the questions now and again, "What is happening Upstream? How are these people getting into the river? Why do many of them not know how to swim?" But, most folks show little interest in finding the answers. It seems there's so much to do to help those already in the water that nobody has got time to check how these people are getting in the river in the first place. That is the way things are in society sometimes.

1.2 Map and discuss the story with your class. [15 minutes]

Draw a picture of the river (use a large dry erase board, butcher paper, or have students draw rivers on their own pieces of paper). Artistic talent isn't necessary; the goal is to create an illustration of the story. Map where people are pulled out of the river, where the hospital was built, and the location of boats ready to rescue people and transport them for medical care.

GROUP EXERCISE

Ask the class to jot down ideas on the map:

- What are the benefits and costs of pulling people out of the river and taking them to the hospital?
- Why might people be falling in the river upstream?
- What actions could be taken upstream to keep people from falling in the river?
- Why might people who fall in the river be drowning?
- What actions could be taken to keep people who first fall in the water from drowning?
- Which actions are preventive, and which are reactive?
- Why might the Downstream community be hesitant to partner with you on an upstream approach?
- How might certain communities differ in their view of the river and what constitutes a serious problem?
- How might you overcome their hesitance and gain their trust and partnership?

1.3 Using the river analogy, point out distinctions between different levels of prevention. [10 minutes]

Universal prevention is preventing a problem before it has happened. The aim is to prevent the problem for everyone (although we are rarely successful in reaching every young person).

Q **Of the actions we discussed earlier, which might be considered universal prevention?**

Q **Are there other universal prevention strategies you can think of now that would keep all (or most) people from falling in the river?**

Selected prevention is preventing a problem among a group of people that have been identified as particularly at risk for the problem.

Q **Who do you think might be most at risk for falling in the river?**

Q **What extra actions could be taken to protect this group?**

Indicated prevention is preventing significant problems for a group of people who are already showing some indication that they have early stages of the problem.

Q **People who just started down the river clearly have a problem, but they have not yet hit rapids or started to struggle. What actions could be taken to help this group avoid making the entire trip down the river, hitting rough waters, and potentially drowning?**

1.4 Relate these levels of prevention back to significant problems young people face, such as substance use, delinquency, depression, and suicide. [25 minutes]

Think about the types of problems the young people we work with might face. If we want young people to lead healthy and successful lives, what problems might we be trying to prevent? Let's consider one of those problems: substance use.

Q **What is the equivalent substance use intervention of pulling drowning people out of the river and rushing them to the hospital?**

Examples include: treatment for those addicted to substances or diagnosed with substance use disorders, overdose treatment in the ER, mandatory substance use treatment for juvenile offenders

Q **What are the benefits and costs associated with these interventions?**

Examples include: expensive, very difficult to change behavior once addicted, high risk of loss of life, individual and family have already experienced a great deal of suffering

Q **What are possible *universal prevention* strategies or the equivalent that keep most people from ever falling into the river?**

Examples include: social–emotional skills courses in school, learning and practicing refusal skills, dispelling social norm myths that "everyone is doing it," enforcing policies that prohibit selling alcohol to young people

Q **What are possible *selected prevention* strategies or the equivalent that keep young people who are most at risk from falling into the river?**

Examples include: providing psychoeducation and skills training to young people who have a parent who has a substance use disorder or addiction

Q **What are possible *indicated prevention* strategies or the equivalent that help people who have just fallen in the river and are showing some signs of struggle but not yet drowning?**

Examples include: providing psychoeducation and skills training to parents of young people who have used substances, and helping them understand the harm and developing strategies for monitoring their child's behavior; connecting a young person who has used substances to an afterschool program

Q **What are the benefits and costs associated with these interventions?**

Examples include: less expensive, it is easier to promote positive behaviors than to disrupt negative behavior patterns, it is challenging to convince funders and administrators to intervene before problems occur

Q **Why might some communities or families be cautious or skeptical about prevention?**

Examples include: some communities may be cautious about engaging in prevention, as they are skeptical of the dominant narrative of science and of the medical model after generations of oppression and historical abuse by such systems. Efforts to provide standardized prevention could be viewed as control-oriented or as if programs are advocating for a one size fits all solution without recognizing individual or community-level differences. Such experiences could feel particularly threatening to communities with histories of oppression or colonization.

Q **What might you do, as someone interested in supporting communities in developing prevention strategies, to build trust and partnership?**

Examples include: social workers must prioritize relationship building, must partner with community members and informal leaders as well as existing agencies who are already working to improve the health of the community. Social workers should frame prevention from a health and wellness perspective, helping communities build on their strengths and assets. Social workers should build their awareness of the values, norms and perspectives of the families and communities with whom they work (and consider how these align to prevention) to reduce skepticism that new programs do not value communities' world views.

Exercise 2: Social Development Strategy

2.1 Discuss using the social development strategy to reduce risk and promote health and wellness. [10 minutes]

Show students this **6-minute video** from the University of Washington *Social Development Research Group* that describes the *five elements* of the social development strategy. Ask them to individually take notes on the five elements.

2.0 Introduce case scenarios for applying the social development strategy. [25 minutes]. Case studies are useful in applying prevention principles and elements of the social development strategy to youth and communities.

SMALL GROUP DISCUSSION

Place students in small groups of 4-5 and hand out one case study per group. Ask groups to read their assigned case study aloud together.

Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). He has grown up with his mother and three brothers in Denver's Montbello neighborhood. Matt's neighborhood is composed of mostly lower-income or working-class individuals and families. It is a tightknit neighborhood, and his family is close with several of Matt's immediate neighbors, who have known each other for many years. He sees many of them at church on Sundays. Sometimes neighbors let Matt stay at their house when Matt's mom needs to work late at her job at a local grocery store. Matt's mom wants him to spend most of his time at home because it is common for older adolescents to be seen selling drugs or getting into fights at the neighborhood park, and she doesn't want him to have any part of that. Just a few blocks from Matt's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Matt's father passed away five years ago, and Matt and his family still feel the loss. However, Matt is close with several of his aunts, uncles and cousins who live in a neighboring community. Although he doesn't see them daily, Matt celebrates birthdays and holidays with his extended family. He'll sometimes watch his cousins when his aunt is working and enjoys spending time with this uncle who has been teaching him how to play the guitar.

Matt spends his weekdays at the local neighborhood school. He secretly likes learning although he would never admit it because most of his friends prefer skipping school and frequently get into conflicts with their teachers when they did attend. To save face with his friends, Matt blames his mom for his good school attendance saying that she'll "let him have it" if he was caught skipping. Although Matt keeps his head down most of the time at school, he really likes his computer teacher, who taught him about coding and gaming. Unfortunately, the school recently lost funding for the afterschool computer club.

Despite Matt trying to stay out of trouble, after school is a rough time for him. His mom works late, and his brothers have their own friends. His neighbors don't often get home until 6 p.m., so Matt spends a lot of time at home alone. When he gets bored or lonely, he'll text his friends and meet them at the park or the arcade down the street. His friends recently began hanging out with older kids who were associated with a local gang. Matt's friends have started wearing gang colors and stealing things or tagging public

places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is fearful that he would get caught by police or his mom, Matt also wants to fit in and belong. When this sort of thing happens, Matt has been skilled at making up excuses for needing to be home, where he entertains himself with TV or playing video games.

Case Scenario 2

Jessie is a 14-year-old female who identifies as White. She recently moved with her mom, dad, and little sister to Denver's Montbello neighborhood. Jessie's new neighborhood is composed of mostly lower-income or working-class individuals and families. It appears to be a tightknit neighborhood, but her family isn't yet close with any of Jessie's immediate neighbors. Folks wave to Jessie when she walks home with her sister, but she doesn't know much about them, and they don't know much about her either.

Jessie gets along with her parents for the most part, but she doesn't see them often. Both of her parents work long hours, and her mother travels most weeks. They leave her money to buy dinner and pay for movies. It is nice to have funds, but Jessie is bored and lonely. She knows her parents care about her, but it seems like they don't really know much about her or how she spends her time. Having moved from the east coast, Jessie's extended family is far away, and she talks to them by phone infrequently. She is particularly sad about moving away from best friend, Kia, and it makes her sad that they talk less and less often since the move.

After school, Jessie spends time taking care of her sister, surfing the internet and texting with a boy, Rich, she met at school this year. With few friends at her new school, it was a relief when Rich showed an interest in her. She worries that he hangs out with some of the neighborhood kids who are known for seeing drugs and getting into fights, but he always sends her nice messages that make her feel noticed and special. Rich was at the apartments down the street when there was a shooting last week and the police were called. He texted her, telling her he was safe and that the police didn't stop him.

Last week, Rich came over after school even though her parents told her she shouldn't have anyone over when they aren't home. Rich was kind and showed Jessie a lot of attention. He also smoked weed at her house, which made Jessie feel uncomfortable, as she worried her parents would smell it when they got home. Rich offered Jessie a joint. Jessie wanted Rich to feel comfortable at her house, so she didn't say anything about the drugs and even tried a little when he offered.

Jessie does ok in school, and really excels in math. She considered joining the math club to meet other kids, but she has to be home afterschool to watch her sister and worries that Rich might think math club isn't cool. Reading is more difficult for Jessie. She feels like it takes her longer than most kids her age to

read and understand her homework. It is hard for Jessie to stay motivated to do her homework when no one else is holding her accountable for it.

Case Scenario 3

Raleigh is a 14-year-old male who identifies as Black. He has grown up with his mom and dad in Denver's Montbello neighborhood. Raleigh's neighborhood is composed of mostly lower-income or working-class individuals and families. Neighbors are close in his community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends after school. His family meets up with family friends at the local community center where Raleigh likes to play chess and his parents join potlucks and barbeques.

Lately many neighbors have been talking about crime in the neighborhood, particularly around the park where older adolescents have been seen selling drugs and getting into fights. There was a recent shooting and the police were called, but no one was arrested. For the most part, Raleigh has avoided these crowds, involving himself in other activities after school and walking home the long way to avoid the park.

Raleigh gets along well with his parents. They check in often to ask about Raleigh's day at school and try to eat dinner together when extracurricular activities like soccer don't get in the way. During one of these conversations, Raleigh came out to his parents as gay. His parents were surprised and had a lot of questions. It is still awkward for him to talk with them about this, but they have generally been supportive.

Things have not gone as well at school. After months of talking online with Graham, another student at school, Raleigh started dating Graham in public and eating lunch with him at school. Word spread quickly, and Raleigh quickly became a target for harassment and bullying. Friends from soccer stopped hanging out with him completely. One good friend from chess has had Raleigh's back and has stepped in when others are making fun of him.

A strong student, the recent bullying has made Raleigh dislike being at school. He started skipping one class where a couple of kids are especially loud and cruel. His work in this class has fallen behind, and his grades are slipping. Raleigh knows his homeroom teacher well; Raleigh sees him and his family at the neighborhood recreation center on weekends. Raleigh wants to tell his teacher about his struggles at school, but he doesn't want to be a snitch and isn't sure how his teacher will respond.

Raleigh finds refuge in spending time with his parents and Graham, but he is starting to feel uncomfortable in many of the other social groups in his life. He feels anxious at soccer and at the rec center, trying not to do or say the wrong thing in case someone will pick on him. Raleigh finds this exhausting and has had trouble sleeping.

SMALL GROUP DISCUSSION

Using their assigned case study, ask students to create a brief scenario by, first identifying and building on strengths in the case study and then applying describing how the five elements of the social development strategy could be applied to benefit the youth in their story. Ask groups to briefly shout out ideas to the following questions to emphasize the process and the diversity of answers possible.

- **Q** **What is an opportunity that might be helpful to the youth in your story?**
- **Q** **What existing strengths and assets might the youth build upon to engage this opportunity?**
- **Q** **What skills could the youth in your story develop to be successful in that opportunity?**
- **Q** **How could the youth be recognized for taking the opportunity?**
- **Q** **Who might the youth bond with through this process?**
- **Q** **What standards or expectations might the youth embrace having created this bonding?**

Exercise 3: Risk & Protection

3.1 Introduce concepts of risk and protection. [10 minutes]

A *risk and protection framework* asserts that individuals face adversity in their lives, and by reducing risk factors and enhancing protective factors, they can be resilient in the face of that adversity.

KEY CONCEPTS

Introduce key terms to the class:

Risk factors | Characteristics of an individual, peer-group, family, school, or community that makes it *more* likely that a young person will experience a problem. These factors place a person at increased risk for a certain problem.

Q **Earlier, we alluded to some risk factors to determine who might be at risk of substance use. What risk factors did we discuss? (List as many as you remember on the board.)**

Examples include: availability of substances, thinking that everyone is using substances, not knowing how to refuse substance when they are offered, having a parent who abuses substances

Protective factors | Characteristics of an individual, peer-group, family, school, or community that make it *less* likely that one will experience a problem; or, characteristics/experiences that reduce a risk factor's impact. These factors serve to *buffer* an individual when faced with risk. Protective factors are sometimes called *assets*. Think of the Social Development Strategy (we discussed earlier) as a way to organize protective factors.

Q **We also alluded to protective factors when we discussed possible interventions for those at risk or already experiencing the problem. What might be a protective factor for substance use?**

Examples include: refusal skills, knowledge of accurate social norms, parental monitoring, afterschool programs

The following table shows that there are both shared and specific risk and protective factors for different behavioral health problems. (See the Appendix for the handout.)

Risk and Protective Factors by Domain

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey)	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

Source: **Social Development Research Group**, University of Washington. Seattle, WA.

The following table shows that there are both shared and specific risk and protective factors for different behavioral health problems. (See the Appendix for the handout.)

Risk Factors for Adolescent Problem Behaviors

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

communities that care

Source: ***Communities That Care***.

Common Protective Factors for Multiple Youth Outcomes

communities that care

Common Protective Factors for Multiple Youth Outcomes

Protective Factors	*Substance Abuse	+Delinquency	*Risky Sexual Behavior	+School Drop-Out	+Violence	+Depression & Anxiety
Individual						
Cognitive Competence	✓	✓	✓	✓	✓	✓
Emotional Competence		✓				
Social/Behavioral Competence	✓	✓	✓		✓	✓
Self-Efficacy			✓			
Belief in the Future	✓	✓	✓		✓	✓
Self-determination			✓			
Pro-social Norms	✓	✓	✓		✓	✓
Spirituality	✓	✓	✓			
Family, School and Community						
Opportunities for Positive Social Involvement	✓	✓				
Recognition for Positive Behavior	✓	✓			✓	✓
Bonding to Prosocial Others	✓	✓	✓	✓	✓	✓

***Substance Use and Risky Sexual Behavior: Systematic evidence.** The list of protective factors known to buffer against these outcomes comes from systematic reviews of the literature, finding a minimum of 2 high quality longitudinal studies and a preponderance of evidence documenting the predictive relationship between each protective factor and outcome. Substance use was comprehensively reviewed in a review of evidence for the Surgeon General's report on Facing Addiction in America, 2017. Risky sex was comprehensively reviewed in a special issue on positive youth development and sexual and reproductive health in 2010 in the Journal for Adolescent Health Volume 46 (3 supplement).

+Delinquency, Violence, School Drop-out & Depression/Anxiety: Developing evidence. The list of protective factors for these outcomes was developed by examining all the research published by SDRG. A check under these outcomes means that there are at least 2 high quality longitudinal studies that document the predictive relationship between the protective factor and the outcome.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. https://addiction.surgeongeneral.gov/

A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health, Loretta E. Gavin M.P.H., Ph.D,; Richard F. Catalano, Ph.D; .Corinne David-Ferdon, Ph.D.; Kari M. Gloppen,M.P.H. Christine M. Markham, Ph.D., Journal of Adolescent Health, Vol 46, Issue 3, Supplement, March 2010, Pages S75-S91.

Source: ***Communities That Care.***

Common Protective Factors for Multiple Youth Outcomes

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Common Protective Factors for Multiple Youth Outcomes

Protective Factor	Definition	Measured on the CTCYS (scale name)
Individual		
Cognitive Competence	Includes a broad range of cognitive abilities, including academic performance, logical/analytic thinking, problem-solving, decision-making, planning, goal-setting and self-talk skills.	We have some measures but they are risk factors-academic failure
Emotional Competence	The ability to identify and respond to feelings and emotional reactions in oneself and others. Includes skills for identifying feelings, managing emotional reactions or impulses, building youth's self-management strategies, empathy, self-soothing, frustration tolerance.	
Social/Behavioral Competence	The range of interpersonal skills that help youth integrate feelings, thinking and actions to achieve social and interpersonal goals. Includes skills such as communication, assertiveness, refusal and resistance, conflict resolution, interpersonal negotiation strategies, effective behavior choices and action patterns.	Social skills
Self-Efficacy	The perception that one can achieve desired goals through one's own action. Includes personal goal-setting, coping and mastery skills, techniques to change self-defeating cognitions.	
Belief in the Future	The internalization of hope and optimism about possible outcomes. Includes belief in one's own future potential, goals, options, choices or long range hopes & plans and healthy and productive adult life.	
Self-determination	The ability to think for oneself, and to take action consistent with that thought. Includes youth capacity for empowerment, autonomy, independent thinking, self-advocacy, and ability to live and grow by self-determined internal standards and values.	
Pro-social Norms	Clear and explicit standards for behavior that minimize health risks and support prosocial involvement.	Belief in the moral order
Spirituality	Includes concepts such as belief in a higher power, internal reflection or meditation, exploring a spiritual belief system or sense of spiritual identify, meaning or practice.	Religiosity
Family, School and Community		
Opportunities for Positive Social Involvement	Existence of accessible events and activities across different social environments that are health or development promoting including opportunities for prosocial actions. Includes ability for youth to actively participate, make a positive contribution, and experience positive social exchanges.	Opportunities for prosocial involvement
Recognition for Positive Behavior	Rewarding, recognizing or reinforcing children's prosocial efforts, behaviors, and accomplishments.	Rewards for prosocial involvement
Bonding to Prosocial Others	Strong relationships of attachment to prosocial peers and adults in the environment and strong investments or commitment to prosocial institutions. t.	Attachment to parents low neighborhood attachment, low commitment to school

Definitions from: *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs, Richard F. Catalano, M. Lisa Berglund, Jeanne A. M. Ryan, Heather S. Lonczak, and J. David Hawkins, Prevention & Treatment, Volume 5, Article 15, posted June 24, 2002*

Source: ***Communities That Care.***

3.2 Ask students what they notice when looking over these materials. [30 minutes]

Notice that risk and protective factors *can be grouped or organized* by different *ecosystems* (individual, peer, school, family, community).

Q **What is an example of an individual-level risk factor for substance use that we discussed?**

Examples include: thinking that everyone is using substances, now knowing how to refuse substances

Q **What is an example of a family-level risk factor?**

Examples include: having a parent who abuses substances

Risk *can be cumulative*. More risk factors, over a longer period of time, increase the chances that negative outcomes will occur.

Some risk factors increase the likelihood that more than one problem may occur. This is important information because it means that reducing these shared risk factors may help to prevent several problems. In fact, some interventions (e.g., Botvin's Life Skills) intentionally target risk factors that predict many problems in order to help young people lead healthy lives.

DISCUSSION

Professionals must be careful not to emphasize only individual-level risk and protective factors without also acknowledging the negative or stressful contextual factors contributing to the risk. Watch this ***12-minute video*** *by the* ***American Association of Colleges of Nursing*** *about risk and protective factors for substance use, and then discuss.*

Q **How can professionals use a risk and protection framework in a way that addresses both individual and systemic risk and protective factors?**

Examples include: interventions can take place at all levels, stress community-level interventions, change policies that influence societal level change or create equal opportunities for all youth

Q **What social justice issues could be added to these tables as risks facing particularly marginalized communities?**

Social determinants of health are conditions in environments where young people are born, live, play, go to school, and grow up that can explain why some people have greater behavioral health than others. Poverty in communities, for example, might limit access to healthy food, quality education, affordable housing, and public safety. Oppressive systems can lead to differential access to protective factors in some communities (e.g., lack of social–emotional skill trainings or evidence-based teaching approaches in lower income schools). Implicit and explicit bias of adults positioned for bonding and support can impact behavioral health (e.g., educational administrators providing harsher discipline, educators making more behavioral referrals for students of color, health care providers minimizing health complaints or expecting non-compliance from families of color). Stress related to discrimination based on race, ethnicity, sexual orientation, gender identity or other marginalized identities can also impact behavioral health.

3.3 Apply the risk and protection framework to small group's case scenarios. [20 minutes]

SMALL GROUP DISCUSSION

Have students return to their small groups of 4-5 students. Ask teams to reread their case scenario and list potential risk and protective factors they see. Organize risk and protective factors by

ecological level using the table provided. (See the Appendix for the handouts.)

Risk Factors	Protective Factors
Individual:	Individual:
Family:	Family:
School:	School:
Peers:	Peers:
Community:	Community:

SHARE OUT

Ask groups to name a few key risk and protective factors they identified.

Then, tell the students that a community coalition came together to better assess the risk and protective factors in their youth's neighborhood of Montbello. As a class, watch this **4-minute video** about the assessment from the *Communities That Care site in Montbello.*

Q **What risk and protective factors identified through the Montebello assessment matched those that students identified in the scenario?**

Q **What new risk and protective factors emerged through the assessment?**

Now, instruct students that they are preparing for a first meeting with the youth in their scenario and their family.

Q **What questions might you ask during the visit to explore potential risk and protective factors with the family?**

Encourage students to use the provided risk and protective tables to inform their questions.

Q **What existing formal or informal support systems might you try to partner with to better understand how to act preventatively?**

Encourage students to use avoid acting alone as the only source of knowledge or action and to instead recognize inherent sources of strength and resources in the existing community who might align with their interest to prevent problems and enhance health and wellness for the youth in their scenario.

SHARE OUT

Ask groups to share what other risk and protective factors they might ask about. How would you ask about them? How would you use this information? Who might you want to learn from or partner with?

Exercise 4: Reducing Risk & Increasing Protection

4.1 Identify and discuss the existing tools that reduce risk and increase protection. [20 minutes]

Certain tools are available to help social workers to work with families and communities to identify interventions that could reduce risk or enhance protective factors.
Tell students that they are worried that the youth in their scenario may be at risk.
Ask teams to use the resource below to identify an intervention they would share and discuss with the youth and their family in hopes of building the youth's resiliency and reducing their risk of developing future problems. Provide reasons for the selected intervention. For the sake of this exercise, assume all programs are available near the youth's home.

Blueprints for Healthy Youth Development

DEBRIEF

What did teams consider as they were choosing a potential prevention program for the youth in their scenario? Why did they feel the chosen program might be appropriate for the client and the client context? How might they consider the youth's culture and identity in choosing an intervention or program?

Exercise 5: Optional Follow-up Assignments

The following assignments will help students apply training module material over time:

1. Think of a client in your field placement. Identify risk factors and protective factors in their life. Analyze which of those factors you think could be reduced (risk) or bolstered (protective) most easily and describe how. What types of interventions or supports would help you to address those factors with your client?

2. Research one empirically supported intervention you find interesting or that could be potentially helpful for a client at your field placement. Describe whether this intervention has been studied with individuals who share identities with your client. How strong is the evidence supporting this intervention for addressing the risk/protective factors in your client's life?

3. Reflect through journaling. Think about how clients may respond to your efforts to reduce risk in their lives versus your efforts to enhance protective factors. What might be challenging for clients and their families or inconsistent with their world views? How might you overcome these challenges and engage your client and their family in preventing problems before they become serious?

References

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Hawkins, J. D., Jenson, J. M., Catalano, R., Fraser, M. W., Botvin, G. J., Shapiro, V., … Stone, S. (2015). *Unleashing the Power of Prevention* (Commentary). Washington, DC: Institute of Medicine and National Research Council. Retrieved from **http://nam.edu/perspectives-2015-a-challenge-to-unleash-the-power-of-prevention/**

Jenson, J. M., & Bender, K. A. (2014). *Preventing child and adolescent problem behavior. Evidence-based strategies in schools, families, and communities.* New York, NY: Oxford University Press.

Additional Resources

Communities That Care. *Program Guide.* Available at:
https://www.communitiesthatcare.net/Prevention%20Strategies%20Guide/introduction.pdf

Social Development Research Group, University of Washington. Information available at:
http://www.sdrg.org

Appendix

Share the following handouts with students in print or electronically.

Risk and Protective Factors by Domain

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey)	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

Source: **Social Development Research Group**, University of Washington. Seattle, WA.

Risk Factors for Adolescent Problem Behaviors

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

communities that care

Source: ***Communities That Care***.

Common Protective Factors for Multiple Youth Outcomes

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Common Protective Factors for Multiple Youth Outcomes

Protective Factors	*Substance Abuse	+Delinquency	*Risky Sexual Behavior	+School Drop-Out	+Violence	+Depression & Anxiety
Individual						
Cognitive Competence	✓	✓	✓	✓	✓	✓
Emotional Competence		✓				
Social/Behavioral Competence	✓	✓	✓		✓	✓
Self-Efficacy			✓			
Belief in the Future	✓	✓	✓		✓	✓
Self-determination			✓			
Pro-social Norms	✓	✓	✓		✓	✓
Spirituality	✓	✓	✓			
Family, School and Community						
Opportunities for Positive Social Involvement	✓	✓				
Recognition for Positive Behavior	✓	✓			✓	✓
Bonding to Prosocial Others	✓	✓	✓	✓	✓	✓

***Substance Use and Risky Sexual Behavior: Systematic evidence.** The list of protective factors known to buffer against these outcomes comes from systematic reviews of the literature, finding a minimum of 2 high quality longitudinal studies and a preponderance of evidence documenting the predictive relationship between each protective factor and outcome. Substance use was comprehensively reviewed in a review of evidence for the Surgeon General's report on Facing Addiction in America, 2017. Risky sex was comprehensively reviewed in a special issue on positive youth development and sexual and reproductive health in 2010 in the Journal for Adolescent Health Volume 46 (3 supplement).

+Delinquency, Violence, School Drop-out & Depression/Anxiety: Developing evidence. The list of protective factors for these outcomes was developed by examining all the research published by SDRG. A check under these outcomes means that there are at least 2 high quality longitudinal studies that document the predictive relationship between the protective factor and the outcome.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. https://addiction.surgeongeneral.gov/

A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health, Loretta E. Gavin M.P.H., Ph.D,; Richard F. Catalano, Ph.D; .Corinne David-Ferdon, Ph.D.; Kari M. Gloppen,M.P.H. Christine M. Markham, Ph.D., Journal of Adolescent Health, Vol 46, Issue 3, Supplement, March 2010, Pages S75-S91.

Source: ***Communities That Care***.

Common Protective Factors for Multiple Youth Outcomes

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Common Protective Factors for Multiple Youth Outcomes

Protective Factor	Definition	Measured on the CTCYS (scale name)
Individual		
Cognitive Competence	Includes a broad range of cognitive abilities, including academic performance, logical/analytic thinking, problem-solving, decision-making, planning, goal-setting and self-talk skills.	We have some measures but they are risk factors-academic failure
Emotional Competence	The ability to identify and respond to feelings and emotional reactions in oneself and others. Includes skills for identifying feelings, managing emotional reactions or impulses, building youth's self-management strategies, empathy, self-soothing, frustration tolerance.	
Social/Behavioral Competence	The range of interpersonal skills that help youth integrate feelings, thinking and actions to achieve social and interpersonal goals. Includes skills such as communication, assertiveness, refusal and resistance, conflict resolution, interpersonal negotiation strategies, effective behavior choices and action patterns.	Social skills
Self-Efficacy	The perception that one can achieve desired goals through one's own action. Includes personal goal-setting, coping and mastery skills, techniques to change self-defeating cognitions.	
Belief in the Future	The internalization of hope and optimism about possible outcomes. Includes belief in one's own future potential, goals, options, choices or long range hopes & plans and healthy and productive adult life.	
Self-determination	The ability to think for oneself, and to take action consistent with that thought. Includes youth capacity for empowerment, autonomy, independent thinking, self-advocacy, and ability to live and grow by self-determined internal standards and values.	
Pro-social Norms	Clear and explicit standards for behavior that minimize health risks and support prosocial involvement.	Belief in the moral order
Spirituality	Includes concepts such as belief in a higher power, internal reflection or meditation, exploring a spiritual belief system or sense of spiritual identify, meaning or practice.	Religiosity
Family, School and Community		
Opportunities for Positive Social Involvement	Existence of accessible events and activities across different social environments that are health or development promoting including opportunities for prosocial actions. Includes ability for youth to actively participate, make a positive contribution, and experience positive social exchanges.	Opportunities for prosocial involvement
Recognition for Positive Behavior	Rewarding, recognizing or reinforcing children's prosocial efforts, behaviors, and accomplishments.	Rewards for prosocial involvement
Bonding to Prosocial Others	Strong relationships of attachment to prosocial peers and adults in the environment and strong investments or commitment to prosocial institutions. t.	Attachment to parents low neighborhood attachment, low commitment to school

Definitions from: *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs, Richard F. Catalano, M. Lisa Berglund, Jeanne A. M. Ryan, Heather S. Lonczak, and J. David Hawkins, Prevention & Treatment, Volume 5, Article 15, posted June 24, 2002*

Source: ***Communities That Care.***

Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). He has grown up with his mother and three brothers in Denver's Montbello neighborhood. Matt's neighborhood is composed of mostly lower-income or working-class individuals and families. It is a tightknit neighborhood, and his family is close with several of Matt's immediate neighbors, who have known each other for many years. He sees many of them at church on Sundays. Sometimes neighbors let Matt stay at their house when Matt's mom needs to work late at her job at a local grocery store. Matt's mom wants him to spend most of his time at home because it is common for older adolescents to be seen selling drugs or getting into fights at the neighborhood park, and she doesn't want him to have any part of that. Just a few blocks from Matt's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Matt's father passed away five years ago, and Matt and his family still feel the loss. However, Matt is close with several of his aunts, uncles and cousins who live in a neighboring community. Although he doesn't see them daily, Matt celebrates birthdays and holidays with his extended family. He'll sometimes watch his cousins when his aunt is working and enjoys spending time with this uncle who has been teaching him how to play the guitar.

Matt spends his weekdays at the local neighborhood school. He secretly likes learning although he would never admit it because most of his friends prefer skipping school and frequently get into conflicts with their teachers when they did attend. To save face with his friends, Matt blames his mom for his good school attendance saying that she'll "let him have it" if he was caught skipping. Although Matt keeps his head down most of the time at school, he really likes his computer teacher, who taught him about coding and gaming. Unfortunately, the school recently lost funding for the afterschool computer club.

Despite Matt trying to stay out of trouble, after school is a rough time for him. His mom works late, and his brothers have their own friends. His neighbors don't often get home until 6 p.m., so Matt spends a lot of time at home alone. When he gets bored or lonely, he'll text his friends and meet them at the park or the arcade down the street. His friends recently began hanging out with older kids who were associated with a local gang. Matt's friends have started wearing gang colors and stealing things or tagging public places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is fearful that he would get caught by police or his mom, Matt also wants to fit in and belong. When this sort of thing happens, Matt has been skilled at making up excuses for needing to be home, where he entertains himself with TV or playing video games.

Case Scenario 2

Jessie is a 14-year-old female who identifies as White. She recently moved with her mom, dad, and little sister to Denver's Montbello neighborhood. Jessie's new neighborhood is composed of mostly lower-income or working-class individuals and families. It appears to be a tightknit neighborhood, but her family isn't yet close with any of Jessie's immediate neighbors. Folks wave to Jessie when she walks home with her sister, but she doesn't know much about them, and they don't know much about her either.

Jessie gets along with her parents for the most part, but she doesn't see them often. Both of her parents work long hours, and her mother travels most weeks. They leave her money to buy dinner and pay for movies. It is nice to have funds, but Jessie is bored and lonely. She knows her parents care about her, but it seems like they don't really know much about her or how she spends her time. Having moved from the east coast, Jessie's extended family is far away, and she talks to them by phone infrequently. She is particularly sad about moving away from best friend, Kia, and it makes her sad that they talk less and less often since the move.

After school, Jessie spends time taking care of her sister, surfing the internet and texting with a boy, Rich, she met at school this year. With few friends at her new school, it was a relief when Rich showed an interest in her. She worries that he hangs out with some of the neighborhood kids who are known for seeing drugs and getting into fights, but he always sends her nice messages that make her feel noticed and special. Rich was at the apartments down the street when there was a shooting last week and the police were called. He texted her, telling her he was safe and that the police didn't stop him.

Last week, Rich came over after school even though her parents told her she shouldn't have anyone over when they aren't home. Rich was kind and showed Jessie a lot of attention. He also smoked weed at her house, which made Jessie feel uncomfortable, as she worried her parents would smell it when they got home. Rich offered Jessie a joint. Jessie wanted Rich to feel comfortable at her house, so she didn't say anything about the drugs and even tried a little when he offered.

Jessie does ok in school, and really excels in math. She considered joining the math club to meet other kids, but she has to be home afterschool to watch her sister and worries that Rich might think math club isn't cool. Reading is more difficult for Jessie. She feels like it takes her longer than most kids her age to read and understand her homework. It is hard for Jessie to stay motivated to do her homework when no one else is holding her accountable for it.

Case Scenario 3

Raleigh is a 14-year-old male who identifies as Black. He has grown up with his mom and dad in Denver's Montbello neighborhood. Raleigh's neighborhood is composed of mostly lower-income or working-class individuals and families. Neighbors are close in his community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends after school. His family meets up with family friends at the local community center where Raleigh likes to play chess and his parents join potlucks and barbeques.

Lately many neighbors have been talking about crime in the neighborhood, particularly around the park where older adolescents have been seen selling drugs and getting into fights. There was a recent shooting and the police were called, but no one was arrested. For the most part, Raleigh has avoided these crowds, involving himself in other activities after school and walking home the long way to avoid the park.

Raleigh gets along well with his parents. They check in often to ask about Raleigh's day at school and try to eat dinner together when extracurricular activities like soccer don't get in the way. During one of these conversations, Raleigh came out to his parents as gay. His parents were surprised and had a lot of questions. It is still awkward for him to talk with them about this, but they have generally been supportive.

Things have not gone as well at school. After months of talking online with Graham, another student at school, Raleigh started dating Graham in public and eating lunch with him at school. Word spread quickly, and Raleigh quickly became a target for harassment and bullying. Friends from soccer stopped hanging out with him completely. One good friend from chess has had Raleigh's back and has stepped in when others are making fun of him.

A strong student, the recent bullying has made Raleigh dislike being at school. He started skipping one class where a couple of kids are especially loud and cruel. His work in this class has fallen behind, and his grades are slipping. Raleigh knows his homeroom teacher well; Raleigh sees him and his family at the neighborhood recreation center on weekends. Raleigh wants to tell his teacher about his struggles at school, but he doesn't want to be a snitch and isn't sure how his teacher will respond.

Raleigh finds refuge in spending time with his parents and Graham, but he is starting to feel uncomfortable in many of the other social groups in his life. He feels anxious at soccer and at the rec center, trying not to do or say the wrong thing in case someone will pick on him. Raleigh finds this exhausting and has had trouble sleeping.

Risk Factors	Protective Factors
Individual:	Individual:
Family:	Family:
School:	School:
Peers:	Peers:
Community:	Community: