Ensure Healthy Development for Youth
Behavioral Health Prevention Training Modules for the Classroom

Jeff Jenson, University of Denver
Anne Williford, Colorado State University
Elizabeth Anthony, Arizona State University

The Coalition for the Promotion of Behavioral Health

Grand Challenges for Social Work

Webinar sponsored by the Grand Challenges for Social Work, January 12, 2021.

The Coalition for the
Promotion of Behavioral Health

1. Introduce and describe the Grand Challenge of *Ensure Healthy Development for Youth* and the work of the *Coalition for the Promotion of Behavioral Health*
   - Jeff Jenson, University of Denver

2. Describe and illustrate the Coalition's *Behavioral Health Prevention Training Modules*
   - Anne Williford, Colorado State University
   - Elizabeth Anthony, Arizona State University

3. Questions and discussion

Grand Challenges for Social Work

The Coalition for the Promotion of Behavioral Health

Grand Challenges for Social Work

About   The Challenges   News & Events   Resources   Publications

Initiated by the American Academy of Social Work and Social Welfare, the Grand Challenges for Social Work is a groundbreaking initiative to champion **social progress powered by science**. It's a call to action for all of us to work together to tackle our nation's toughest social problems.

READ OUR FOUNDATIONAL PAPERS AND GUIDING PRINCIPLES

Announcing the Grand Challenge to Eliminate Racism. Details and resources coming soon.

Grand Challenges for Social Work

Click on one of the challenges below for additional information

Individual and family well-being
- Ensure healthy development for youth
- Close the health gap
- Build healthy relationships to end violence
- Advance long and productive lives

Stronger social fabric
- Eradicate social isolation
- End homelessness
- Create social responses to a changing environment
- Harness technology for social good

Just society
- Eliminate racism
- Promote smart decarceration
- Build financial capability and assets for all
- Reduce extreme economic inequality
- Achieve equal opportunity and justice

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How do we meet the Grand Challenge to *Ensure the Healthy Development for Youth*?

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Solution: Unleash the Power of Prevention…

Controlled trials have identified over 80 effective policies and programs for preventing behavioral health problems in young people

Effective programs: 15 model/model plus and 66 promising programs in the Blueprints registry **www.blueprintsprograms.com**

Effective policies: Anderson et al. 2009; Catalano et al. 2012; Hingson & White 2013; Vuolo et al., 2016, **Surgeon General's Report, 2016**

Effective prevention saves money: Washington State Institute for Public Policy **www.wsipp.wa.gov**

Anxiety

Depression

Alcohol, tobacco, other drug use

Risky driving

Delinquent behavior

Aggressive behavior and conduct problems

Violence

Self-inflicted injury

Risky sexual behavior

School dropout
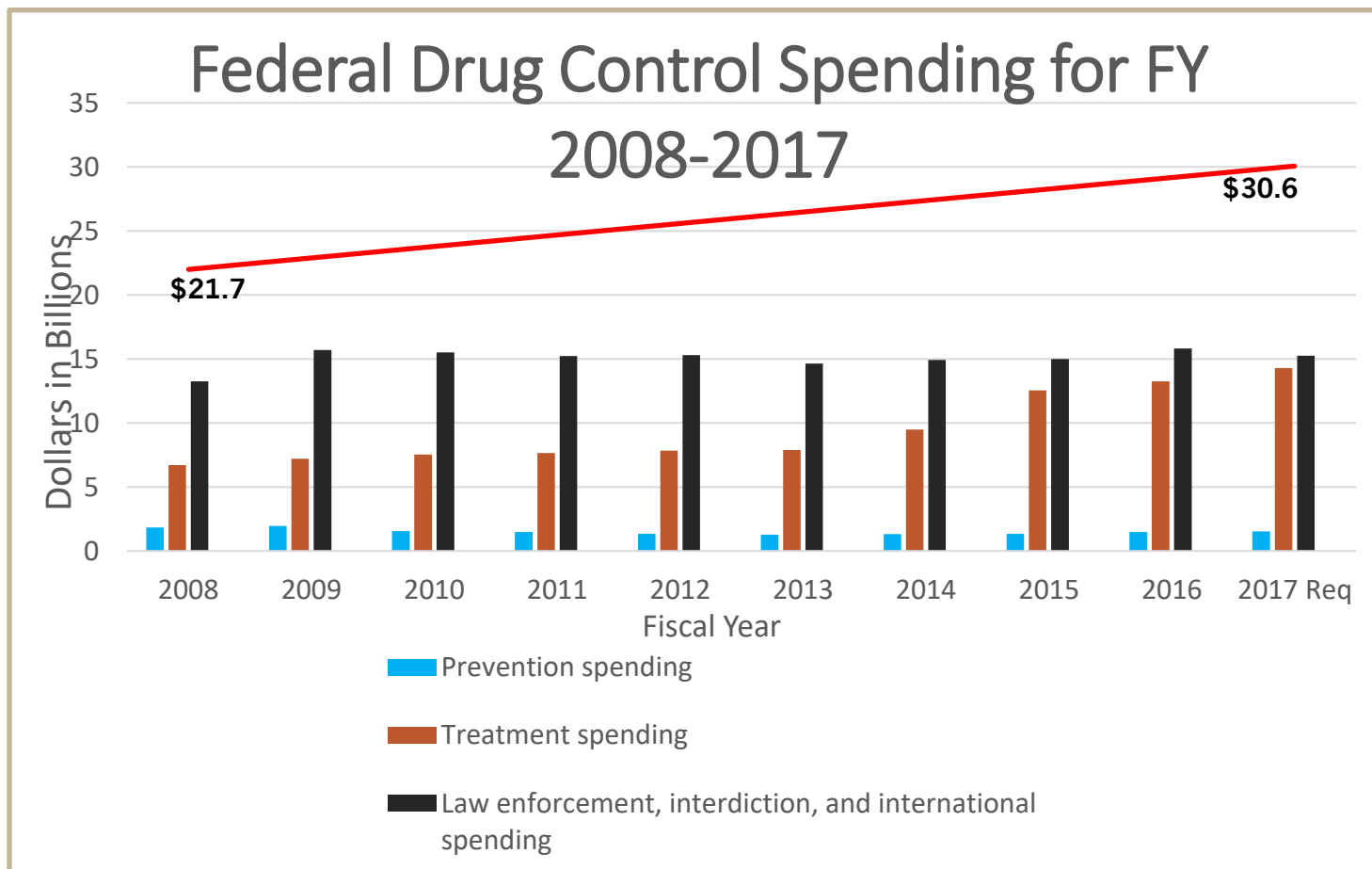
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Effective interventions for preventing behavioral health problems are still not widely used

And…

We continue to invest much less in prevention than in treatment or law enforcement

Source: Office of National Drug Control Policy -National Drug Control Budget Funding Highlights for Fiscal Years 2016 & 2017

- The *Coalition for the Promotion of Behavioral Health* is the organizational entity used to advance the two primary outcome goals of *Ensure Healthy Development for Youth:*

  1. Reduce the incidence and prevalence of behavioral health problems in young people from birth to age 24 by 20% in a decade

  2. Reduce racial and socioeconomic disparities in behavioral health problems by 20% in a decade

- *Unleashing the Power of Prevention,* a framework written by Coalition members and published by the National Academy of Medicine, is used to guide activities of the Coalition and *Ensure Healthy Development for Youth*

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1. Increase **public awareness** of advances and cost savings of effective prevention

2. Increase the percentage of all **public funds** that are spent on effective prevention policies and programs

3. Implement **capacity-building tools** that guide communities to assess and prioritize risk and protective factors, and select evidence-based prevention programs and policies

4. Establish **criteria for preventive interventions** that are effective, sustainable, equity-enhancing, and cost-beneficial

5. Increase **infrastructure** to support high-quality implementation of preventive interventions

6. Monitor and increase **access** to effective preventive interventions

7. Create **workforce development** strategies for new roles in promotion and preventive interventions

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- Create **workforce development** strategies for new roles in promotion and preventive interventions

- To meet this goal, we are:
  a. Advocating for increased training in prevention practice and policy across across the social work educational continuum (Jenson, 2020)
  b. Developing and disseminating prevention training modules for social work programs
  c. Disseminating training modules through prevention science, public health, and other disciplines
  d. Working with CSWE and *Prof2Prof* to increase exposure

Research on Social Work Practice
2020, Vol. 30(7) 707-711
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DOI: 10.1177/1049731519862860
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Improving Behavioral Health in Young People: It Is Time for Social Work to Adopt Prevention

Jeffrey M. Jenson[1]

Abstract

Behavioral health problems in young people are often addressed through costly and ineffective treatment, rehabilitation, and control strategies aimed at helping children and adolescents after problems are identified. Evidence indicates that many behavioral health problems can be prevented before they occur, thereby saving significant individual, economic, and social costs. Although policy, practice, and research in reducing behavioral health problems have increased dramatically in the past several decades, social work has been slow to join other disciplines in the critical debate about the most effective and humane ways to prevent behavioral health problems. It is time for social work to adopt prevention as a guiding framework for practice, policy, advocacy, and research in behavioral health settings.

- The *Coalition for the Promotion of Behavioral Health* has developed four prevention training [modules](#) for classroom application

PREVENTION TRAINING MODULE 1: INTRODUCTION TO PREVENTION THEORY & CONCEPTS

Developed by Kimberly Bender, PhD
Graduate School of Social Work, University of Denver

PREVENTION TRAINING MODULE 3: COMMUNITY PREVENTION PRACTICE

Developed by
Anne Williford, PhD
School of Social Work, Colorado State University

Elizabeth Anthony, PhD
College of Public Service and Community Solutions, Arizona State University

Module 2

DIRECT PRACTICE IN PREVENTION

- **TEACHER GUIDE**
- **STUDENT GUIDE**

The guides above are a part of a full program that is copyrighted and not for public use. The developer has given permission to share these guides in this lesson as a way of introducing students to direct-practice prevention.

Developed by
Kimberly Bender, PhD
Graduate School of Social Work, University of Denver

Jeffrey M. Jenson, PhD
Graduate School of Social Work, University of Denver

Anne Williford, PhD
School of Social Work, Colorado State University

PREVENTION TRAINING MODULE 4:POLICY PREVENTION PRACTICE

Developed by
Anne Williford, PhD School of Social Work, Colorado State University

Download these modules at:
https://www.coalitionforbehavioralhealth.org/training-modules

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- Anne Williford from Colorado State University will describe and illustrate classroom examples from the Prevention Theory and Concepts module

- Elizabeth Anthony from Arizona State University will describe and illustrate classroom examples from the Community Prevention Practice module

PREVENTION SCIENCE IN THE CLASSROOM: PREVENTION THEORY AND CONCEPTS MODULE

ANNE WILLIFORD, PHD

ASSOCIATE PROFESSOR | DOCTORAL PROGRAM DIRECTOR

SCHOOL OF SOCIAL WORK

COLORADO STATE UNIVERSITY

ROADMAP

- 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

WHY PREVENTION?

WHY PREVENTION?

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.

WHY PREVENTION?

***Upstream/Downstream,* Adapted from Donald D. Ardell**

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.

TAKEAWAYS: WHY IS PREVENTION IMPORTANT?

- 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?

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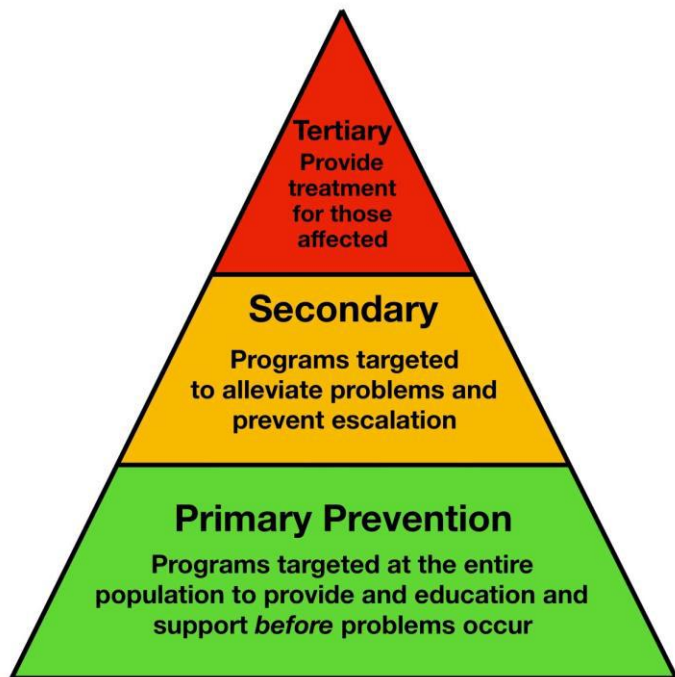
- **Primary or Universal Prevention** seeks to prevent a problem before it has happened. The aim is to prevent the problem for everyone (although we are rarely successful in reaching every young person).
- **Secondary or Selected Prevention** seeks to prevent a problem among a group of people that have been identified as particularly at risk for the problem.
- **Tertiary or Indicated Prevention** seeks to prevent significant problems for a group of people who are already showing some indication that they have early stages of the problem.

SOCIAL DEVELOPMENT STRATEGY

SOCIAL DEVELOPMENT STRATEGY

The **five** elements of this strategy include:

- **Opportunities:** Provide developmentally appropriate opportunities to young people, for active participation and meaningful interaction with prosocial others.
- **Skills:** Teach young people the skills they need to succeed
- **Recognition:** Provide consistent specific praise and recognition for effort, improvement, and achievement.
- **Bonding:** Acknowledge a young person's effort and promote positive bonding — a sense of attachment, emotional connection and commitment to the people and groups who provide that recognition. Bonding can occur with a family member, peer, teacher, coach, employer or neighbor.
- **Clear Standards for Behavior:** Through the process of bonding, young people become motivated to live according to the healthy standards of the person or group to whom they are bonded.

RISK AND PROTECTIVE FACTOR FRAMEWORK

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.

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*.

RISK AND PROTECTIVE FACTOR FRAMEWORK

Applying this framework to their case study is a useful way to encourage students to consider how risk *and* protective factors are present in youths' lives and can be targeted with evidence-based programs and practices designed for prevention at all levels. Before processing the case study, students must consider how prevention can be applied at all levels of practice and be a critical tool for social justice. Questions to guide their thinking include:

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

◦ **What social justice issues could be added as risks facing particularly marginalized communities?**

CONNECTING THE MODULES TOGETHER

CONNECTING THE THEORY MODULE TO OTHER PRACTICE-ORIENTED MODULES

While the prevention theory and concepts module can be used as a standalone unit, it is most often used in combination with other modules:

◦ **Direct Practice Module:** connects the case study examples back to the application of evidence-based prevention strategies by identifying risk and protective factors present in the case study and prompting students to consider how they can intervene at the individual or family level. As an example, this module walks students through a universal evidence-based prevention program, *Life Skills Training*.

◦ **Policy Practice Module:** makes the case and includes practical exercises using the same case study examples of how prevention is an important element for advancing social justice—especially in our most vulnerable communities where we often see a higher level and concentration of risk factors (i.e., factors that make individual and social problems more likely) – via engaging in effective policy practice by advocating that legislative bodies (e.g., institutional, local, state, and federal decision-makers) advance policies that reduce risk and promote protection to ultimately prevent social problems by alleviating persistent disparities seen in many of our most vulnerable communities.

Prevention Training Module 3: Community Prevention Practice

Elizabeth K. Anthony, MA, MSW, PhD
School of Social Work
Arizona State University

Objectives

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1. **Identifying the benefits of prevention and how to advocate for prevention**

2. **Creating coalitions across agencies**

3. **Shifting system- and agency-level decision-making to support preventive interventions**

Objectives (cont.)

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4. Identifying system-and agency-level barriers to creating community coalitions and integrated services that include prevention

5. Advocating for system-level changes that address system-level barriers

6. Developing integrated service delivery models within and across agencies

Prevention in Community Practice

1.1 Begin by addressing the overall aim of prevention in community practice.

1.2 Discuss prevention in agency and community settings.

Review the Levels of Prevention

Universal prevention:

Preventing a problem before it has happened.

Selected prevention:

Preventing a problem among a group of people that have been identified as particularly at risk for the problem.

Indicated prevention:

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

A case example

A child welfare agency has experienced another budget cut and is now asked to serve more families with fewer resources. As a result, practitioners are being asked to figure out ways to reduce their caseloads.

In an effort to do so, you propose to focus some resources on prevention efforts in the community rather than in more costly intervention services. It is likely to be a paradigm shift for many in the agency's administration.

Realistic Case Scenarios

Application   **{**   **The Case of Jessie**

Jessie

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.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61 percent are Hispanic, 24 percent are Black, and 11 percent are White. There are an estimated 7,000 families, and over half of residents are under the age of 35. Although it is the largest neighborhood in Denver, Montbello has experienced historical underinvestment of resources and infrastructure on many fronts. It is also one of Denver's poorest neighborhoods; 25 percent of residents live in poverty, compared to metro Denver's overall poverty rate of 12 percent. The neighborhood has no grocery stores, limited places for community gatherings, inadequate walkable access to public transportation, and poor infrastructure for outdoor physical activity. It also has one of the highest crime rates of any Denver neighborhood and has a higher than average dropout rate among high schools students.

Jessie (cont.)

Although many of the families in the neighborhood support one another, Jessie's family isn't yet close with any of their immediate neighbors. Jessie feels uncomfortable in some parts of the neighborhood because it is common for older adolescents to be seen selling drugs or getting into fight on the corner or at the neighborhood park. Just a few blocks down from Jessie's home are apartments where people come and go frequently; police were called to a recent shooting there but no one was arrested.

Like many families in the community, both of Jessie's parents work long hours, leaving her unsupervised after school. Jessie knows her parents care about her, but it seems like they don't really know much about her or how she spends her time. After school, Jessie takes care of her sister, surfing the Internet and texting with a boy, Rick, she met at school this year. Last week, Rick came over after school even though her parents told her she shouldn't have anyone over then they aren't home. He smoked weed at her house.

Jessie (cont.)

This made Jessie feel uncomfortable, as she worried her parents would smell it when they got home, but it seems like a lot of her peers smoke, so she didn't object.

As Jessie is one of many youth in the community struggling and at risk for getting into trouble, many community stakeholders want to explore community-level solutions to help youth who are experiencing these risk by developing prevention strategies to support youth and their families in the community.

Case Study Exercise

1. Assign individual students different roles:

- ✓ School social worker

- ✓ child welfare workers

- ✓ mental health provider

- ✓ juvenile probation officer

2. Ask them to develop an intervention plan to support Jessie.

Case Study Exercise (cont.)

3. Each provider must develop a goal, outcome, and intervention strategy, which could involve the use of an evidence-based prevention program. Students must work together to eliminate the potential for duplication of services. Students must also understand the specific role of their system (and thus themselves in meeting the needs of the young person and their family).

**This activity can be used across multiple class sessions to help students to understand different aspects of collaboration.

Wrap Up

- Use this time to reinforce the objectives of the module.

- Reinforce again the value of community prevention and the role individual students might play in advocating for prevention.

- This is also a great time to have the students brainstorm innovative ways to approach situations in their own practice.

Wrap Up (cont.)

- Discuss how **resilience** among young people should be directed at the community prevention level:

    - How can communities support families to raise their children to thrive?

    - How can systemic racism be addressed at the community level?

    - How can cultural traditions support children to thrive in their identities?

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- Questions?

- Thoughts or suggestions?

- Visit the Coalition's website to download the prevention training modules:

  https://www.coalitionforbehavioralhealth.org/training-modules

Steering Committee

Coalition for the Promotion of Behavioral Health

Will Aldridge, University of North Carolina at Chapel Hill

Kimberly Bender, University of Denver

Gilbert J. Botvin, Cornell University

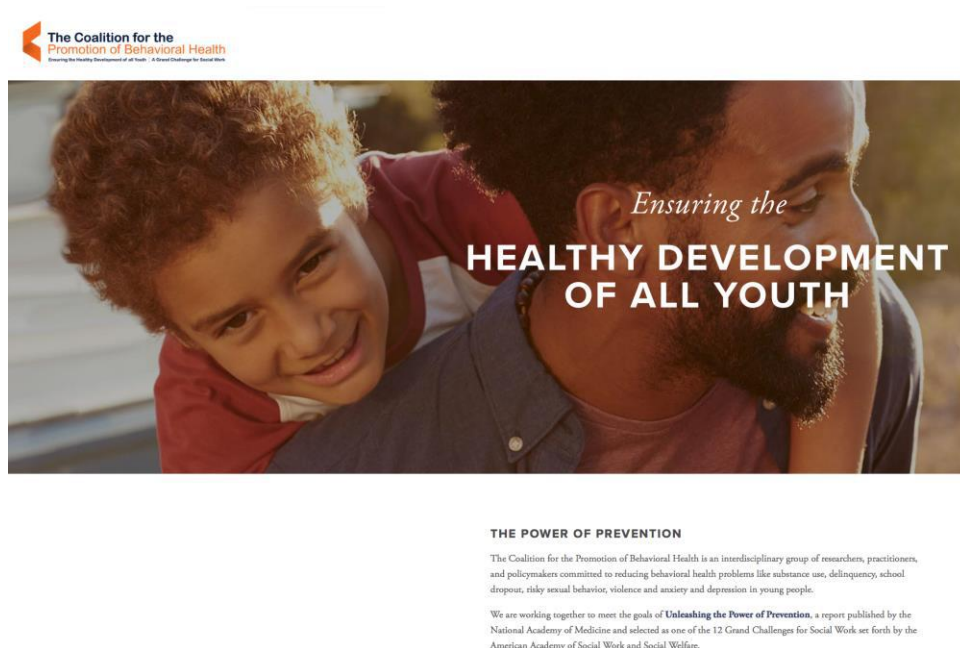Brian Bumbarger, Colorado State University

Richard F. Catalano, University of Washington

Kevin Haggerty, University of Washington

J. David Hawkins, University of Washington

Jeff Jenson, University of Denver

Valerie Shapiro, University of California at Berkeley, Chair

Coalition for the Promotion of Behavioral Health

Valerie Shapiro, PhD
University of California, Berkeley

Jeff Jenson, PhD
University of Denver

THANK YOU!

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