Strategic Prevention Framework

Participant Workbook

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The Strategic Prevention Framework

SAMHSA's Strategic Prevention Framework (SPF) is a 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process.

The SPF includes these five steps: (1) Assess Needs, (2) Build Capacity, (3) Plan, (4) Implement, and (5) Evaluate. These steps are guided by the principles of cultural competence and sustainability. The SPF is designed to help States, Jurisdictions, Tribes, and communities build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. Focused on systems development, the SPF reflects a community-based public health approach to effective prevention.

Step 1. Assess Needs

Under the SPF, communities are expected to assess population needs, including levels of substance abuse and related problems; available resources to support prevention efforts, and community readiness to address identified prevention problems or needs.

Step 2. Build Capacity

States and communities must have the capacity—that is, the resources and readiness—to support the prevention programs and practices they choose to address identified substance abuse problems. Why? Because programs and practices that are well-supported are more likely to succeed. Building capacity means taking a close look at the assessment data, finding the gaps that lie therein, and developing an action plan to address those gaps.

Keep in mind that resources and readiness often go hand-in-hand: building resource capacity also contributes to greater readiness. For example, when key stakeholders are engaged in solving problems, they often mobilize others to get involved. This leads to more people recognizing the value of prevention.

Step 3. Plan

Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier.

Good planning is also key to sustainability. It ensures the involvement and commitment of community members who will continue program efforts and activities beyond the initial funding period. It establishes the organization structure necessary to maintain program activities, over time. And it greatly increases the likelihood that expected outcomes will be achieved, by ensuring that the activities selected are the right ones for the community.

Step 4. Implement

Implementation is where the rubber hits the road—where States, Tribes, Jurisdictions, and communities do what they've said they're going to do.

Step 5. Evaluation

Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation isn't about acquiring knowledge for the sake of knowledge. It's more practical. It's about utility. It helps States and communities become more skillful and exact in describing what they plan to do, monitor what they are doing, and improve. Evaluation results can and should be used to determine what efforts should be sustained and to assist in sustainability planning efforts. Ultimately, good evaluation will help improve not only our own programs but those of others.

Cultural Competence

Cultural competence, the ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed.

Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. Culture must be considered at every step of the Strategic Prevention Framework (SPF). "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.

Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum.

Sustainability

Ensure the sustainability of prevention outcomes by building stakeholder support for your program, showing and sharing results, and obtaining steady funding.

The sustainability of prevention outcomes is often seen as the culmination of program planning and implementation. However, that assumption will place your program at a disadvantage. Effective programs plan for sustainability from the beginning of program design. Sustainability should be revisited and revised throughout the life of a program.

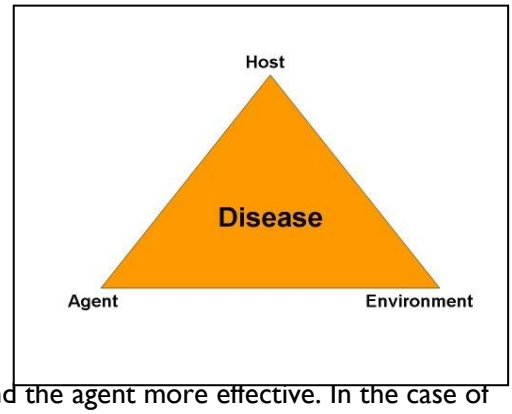
The ultimate goal is to sustain prevention outcomes, not programs. Programs that produce positive outcomes should be continued. Programs that are ineffective should not be sustained. Key activities involved in ensuring sustainability involve building support, showing results, and obtaining continuing funding. All of these activities require time, people, and ongoing planning and evaluation.

Additionally, SAMHSA's Strategic Prevention Framework (SPF) emphasizes sustaining the prevention process itself, recognizing that practitioners will return to each step of the process, again and again, as communities face evolving problems.

Source: https://www.samhsa.gov/capt/applying-strategic-prevention-framework

Public Health Model

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. A public health approach requires not only an understanding of how agent, host, and environment interact, but also a plan of action for influencing all three.



Agent - the catalyst, substance, or organism causing the health problem. In the case of substance abuse, the agents are the sources, supplies (drugs) and availability.

Host - the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Environment - the context in which the host and the agent exist, including conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

The public health model stresses that problems arise through the relationships and interactions among the agent, the host, and the environment. In the case of alcohol, tobacco, and other drug problems, the agent is the substance, the host is the individual drinker or drug user, and the environment is the social and physical context of drinking or drug use. Of particular importance to prevention are environmental

influences on substance abuse. This model requires the community to think in a comprehensive manner beyond the part of the problem they can see. Since this model is widely used by health agencies, it can also help to create a common language to support the local planning process. Prevention programs in the past, including drug abuse programs, often neglected to deal with the environment. Often they focused exclusively on inoculating the host/individual through educational efforts expecting that information on the risks associated with alcohol, tobacco, and other drug use would be sufficient to prevent use and avoid problems. However, a teenager (host) who attends a well presented educational seminar on prevention at school may go home to a neighborhood (environment) where use is glamorized on billboards, laws are not enforced, and alcohol, tobacco, and other drugs (agent) are plentiful. A public health approach to prevention requires not only an understanding of how the three factors of host, agent, and environment interact, but also inclusion of a plan of action for influencing all three.

Influencing the Host

Prevention practitioners can reach people directly though schools, social programs, workplaces, and other groups. Efforts to reach the host and his/her peer group typically employ some combination of the following information- and skill-building strategies:

- Developing problem-solving and decision making skills;
- Increasing self-awareness and self-efficacy;
- Learning non-use skills for dealing with anxiety and stress;
- Enhancing interpersonal skills, needs; and
- Understanding the relationship between alcohol, tobacco, and other drug use and health concerns.

Influencing the Agent and Other Causative Factors

The agent in the public health model is the substance. Public health advocates have had some success in influencing legal agents such as alcohol and tobacco. Requiring warning labels on alcoholic beverage containers and cigarette packages and advertising are examples of these successes.

Influencing the Environment

Programs that influence the environment to reinforce healthy behaviors are increasingly part of community- based prevention efforts. Within a public health model, environments include schools, families, neighborhoods, and communities, as well as the broader social and cultural environments that are influenced by legislation, pricing, advertising, and media portrayals of alcohol, tobacco, and other drug use.

The public health model demonstrates that programs that depend exclusively on teaching the host, altering the agent, or changing the environment, oversimplify the complex problem of alcohol, tobacco, and other drug use. Each factor—the agent, host, and environment—must be considered for effective prevention. Effective prevention using the Public Health Model requires that a coalition focus on both the risk and protective factors that exist for the agent, the host, and the environment.

The agent (alcohol and other drugs) must be made:

- Less attractive, and/or
- Less accessible.

The environment (society) must offer more:

- Rewards for abstinence,
- Reinforcement for responsible use by adults,
- Attractive recreational and social options,
- Social and legal sanctions for misuse and, abuse which cause harm,
- Culture-specific healthy messages, and/or
- Positive, healthy role models.

The host (individuals and families) must be given more:
• Information on which to base decisions,
• Opportunities to develop self-esteem and insight,
• Understanding of the causes of addiction, its symptoms, and techniques to use in helping people who are addicted,
• Skills to communicate, solve problems, and resist peer pressure
• Knowledge about prevention theory and programs.

Source: Arkansas Department of Human Services (2010). *Arkansas 2010 Strategic Prevention Plan.* Retrieved from http://humanservices.arkansas.gov/dbhs/Documents/AR%20strategic%20prevention%20plan%20for%20web.pdf. The information contained in this section is taken, in part, from *IADDA Prevention White Paper*, draft, January 1990.

Stages of Community Readiness

The higher the stage of development the greater the degree of readiness. Each stage is described below, accompanied by the characteristics of communities at each stage and strategies for increasing readiness.

Stage 1: Community Tolerance/No Knowledge
Community norms actively tolerate or encourage the behavior, although the behavior may be expected of one group and not another (e.g., by gender, race, social class, or age). The behavior, when occurring in the appropriate social context, is viewed as acceptable or as part of the community norm. Those who do not engage in the behavior may be tolerated, but might be viewed as somewhat deviant. Stage 1 strategies include:
Small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use.
Small-group and one-on-one discussions on the health, psychological, and social costs of substance abuse with community leaders to change perceptions with those most likely to be part of the group that begins development of programs.

Stage 2: Denial
There is usually recognition that the behavior is or can be a problem. Community norms usually would not approve of the behavior, but there is little or no recognition that this might be a local problem. If there is some idea that it is a problem, there is a feeling that nothing needs to be done about this locally, or that nothing can be done about it. Stage 2 strategies include:
Educational outreach programs on the health, psychological, and social costs of substance abuse to community leaders and community groups interested in sponsoring local programs.
Use of local incidents that illustrate harmful consequences of substance abuse in one-on-one discussions and educational outreach programs.

Stage 3: Vague Awareness
There is a general belief that there is a local problem and that something ought to be done about it. Knowledge about local problems tends to be stereotypical and vague, or linked only to

a specific incident or two. There is no immediate motivation to do anything. No identifiable leadership exists, or leadership lacks energy or motivation. Stage 3 strategies include:
Educational outreach programs on national and state prevalence rates of substance abuse and prevalence rates in other communities with similar characteristics to community leaders and possible sponsorship groups. Programs should include use of local incidents that illustrate harmful consequences of substance abuse. Local media campaigns that emphasize consequences of substance abuse.

Stage 4: Pre-planning
There is clear recognition that there is a local problem and that something should be done about it. There is general information about local problems, but ideas about etiology or risk factors tend to be stereotyped. There are identifiable leaders, and there may be a committee, but no real planning. Stage 4 strategies include:
Educational outreach programs that include prevalence rates and correlates or causes of substance abuse to community leaders and sponsorship groups.
Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by other communities with similar profiles.
Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming.

Stage 5: Preparation
Planning is going on and focuses on practical details. There is general information about local problems and about the pros and cons of prevention programs, but it may not be based on formally collected data. Leadership is active and energetic. The program may have started on a trial basis. Funding is being actively sought or has been committed. Stage 5 strategies include:
Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented.
Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming.
A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse.

Stage 6: Initiation
Enough information is available to justify a prevention program, but knowledge of risk factors is likely to be stereotyped. A program has been started and is running, but it is still on trial. Staff is in training or has just finished training. There may be great enthusiasm because limitations and problems have not yet been experienced. Stage 6 strategies include:
In-service educational training for program staff (paid and/or volunteer) on substance abuse consequences, correlates, and causes and the nature of the problem in the local community.
Publicity efforts associated with the kickoff of the program.
A special meeting to provide an update and review of initial program activities with community leaders and local sponsorship groups.

Stage 7: Institutionalization/Stabilization
One or two programs are running, supported by administration, and accepted as a routine and valuable activity. Staff are trained and experienced. There is little perceived need for change or

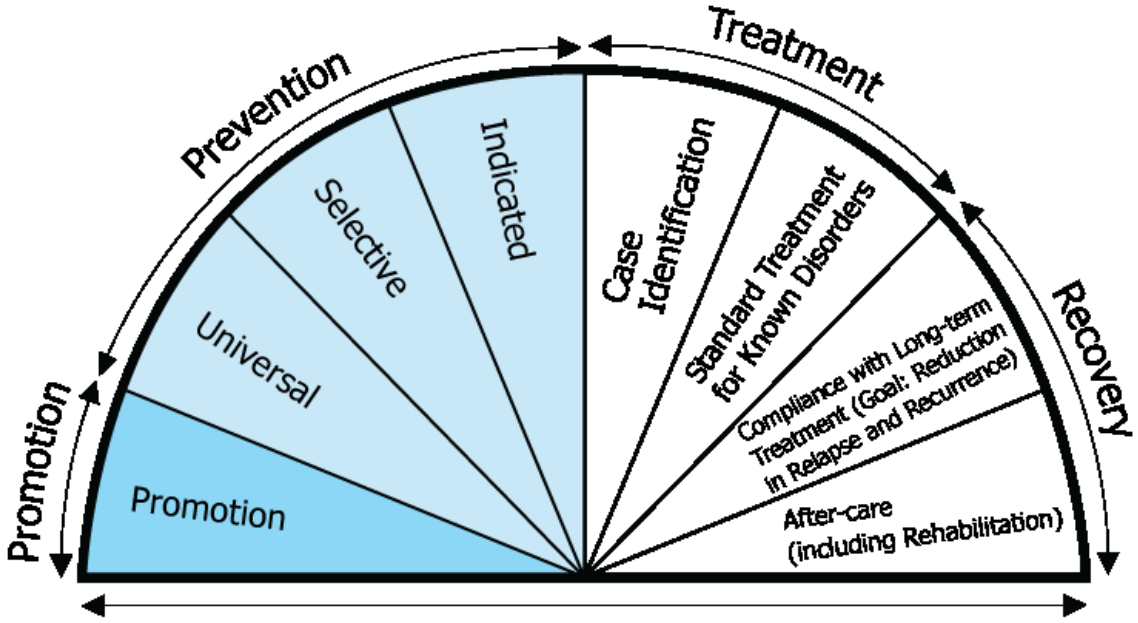
expansion. Limitations may be known, but there is not much sense that the limitations suggest a need for change. There may be some form of routine tracking of prevalence. There is not necessarily permanent funding, but there is established funding that allows the program the opportunity to implement its action plan. Stage 7 strategies include:
In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming. Either trainers are brought in from the outside or staff members are sent to programs sponsored by professional societies.
Periodic review meetings and/or special recognition events for local supporters of prevention program.
Local publicity efforts associated with review meetings and recognition events.

Stage 8: Confirmation/Expansion
Standard programs are viewed as valuable and authorities support expanding or improving programs. New programs are being planned or tried out in order to reach more people, those thought to be more at risk or different demographic groups. Funds for new programs are being sought or committed. Data are obtained regularly on extent of local problems and efforts are made to assess risk factors and causes of the problem. Stage 8 strategies include:
In-service educational programs on conducting local needs assessments to target specific groups in the community for prevention programming. Either trainers are brought in from the outside or staff members are sent to programs sponsored by professional societies.
Periodic review meetings and/or special recognition events for local supporters of prevention programs.
Results of research and evaluation activities of the prevention program are presented to the public through local media and/or public meetings.

Stage 9: Professionalization
Detailed and sophisticated knowledge of prevalence, risk factors and etiology exists. Some programs may be aimed at general populations, while others are targeted at specific risk factors and/or at-risk groups. Highly trained staff members are running programs, authorities are supportive, and community involvement is high. Effective evaluation is used to test and modify programs. Stage 9 strategies include:
Continued in-service training of staff.
Continued assessment of new drug-related problems and reassessment of targeted groups within community.
Continued evaluation of program effort.
Continued updates on program activities and results for the benefit of community leaders and local sponsorship groups and periodic stories through local media and/or public meetings.

Source: National Institute of Drug Abuse, (1997). *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*. St. Paul, MN pp. 131-150.

Institute of Medicine Spectrum of Mental Health Services



Promotion—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
Prevention—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.
Treatment—These services are for people diagnosed with a substance use or other behavioral health disorder.
Recovery—These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

Prevention

Prevention focuses on interventions that occur prior to the onset of a disorder that are intended to prevent the occurrence of the disorder or reduce risk for the disorder.

The National Prevention Strategy states that "preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses, and motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions. Excessive alcohol use includes binge drinking, underage drinking, drinking while pregnant, and alcohol impaired driving. Drug abuse includes inappropriate use of pharmaceuticals and any use of illicit drugs."

Preventive interventions, according to the Institute of Medicine, can be designed to address three levels of risk: universal, selective, and indicated.

Universal preventive interventions focus on the general public or a population subgroup that have not been identified on the basis of risk. Examples include community policies that promote access to early childhood education, implementation or enforcement of anti-bullying policies in schools, education for physicians on prescription drug misuse, and social skills education for youth in schools.

Selective preventive interventions focus on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average. Examples include prevention education for new immigrant families living in poverty with young children, and peer support groups for adults with a history of family mental illness and/or substance abuse.

Indicated preventive interventions focus on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, prior to the diagnosis of a disorder. Examples include information and referral for young adults who violate campus or community policies on alcohol and drugs; and screening, consultation, and referral for families of older adults admitted to emergency rooms with potential alcohol-related injuries.

Treatment

Treatment interventions include case identification and standard forms of treatment (e.g., detoxification, outpatient treatment, in-patient treatment, medication-assisted treatment).

Maintenance

Maintenance includes interventions that focus on compliance with long-term treatment to reduce relapse and recurrence and aftercare, including rehabilitation and recovery support.

Source: National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. Retrieved from http://books.nap.edu/openbook.php?record_id=12480.

Activity Worksheet

Universal, Selective, or Indicated?

Strategy	Universal	Selective	Indicated
Support Groups for adults with a family history of mental illness			
Laws that increase penalties for providing alcohol to minors			
Programs for families experiencing transitions			
Social norming campaign to decrease norms favorable to marijuana use			
Life Skills programs for children of alcoholics			
Mentoring programs for children of incarcerated parents			
A referral process for older adults identified with prescription drug abuse problems			
Prevention program for all middle school students in a community			
College campus policies on alcohol			
Programs for people arrested for drunk driving			