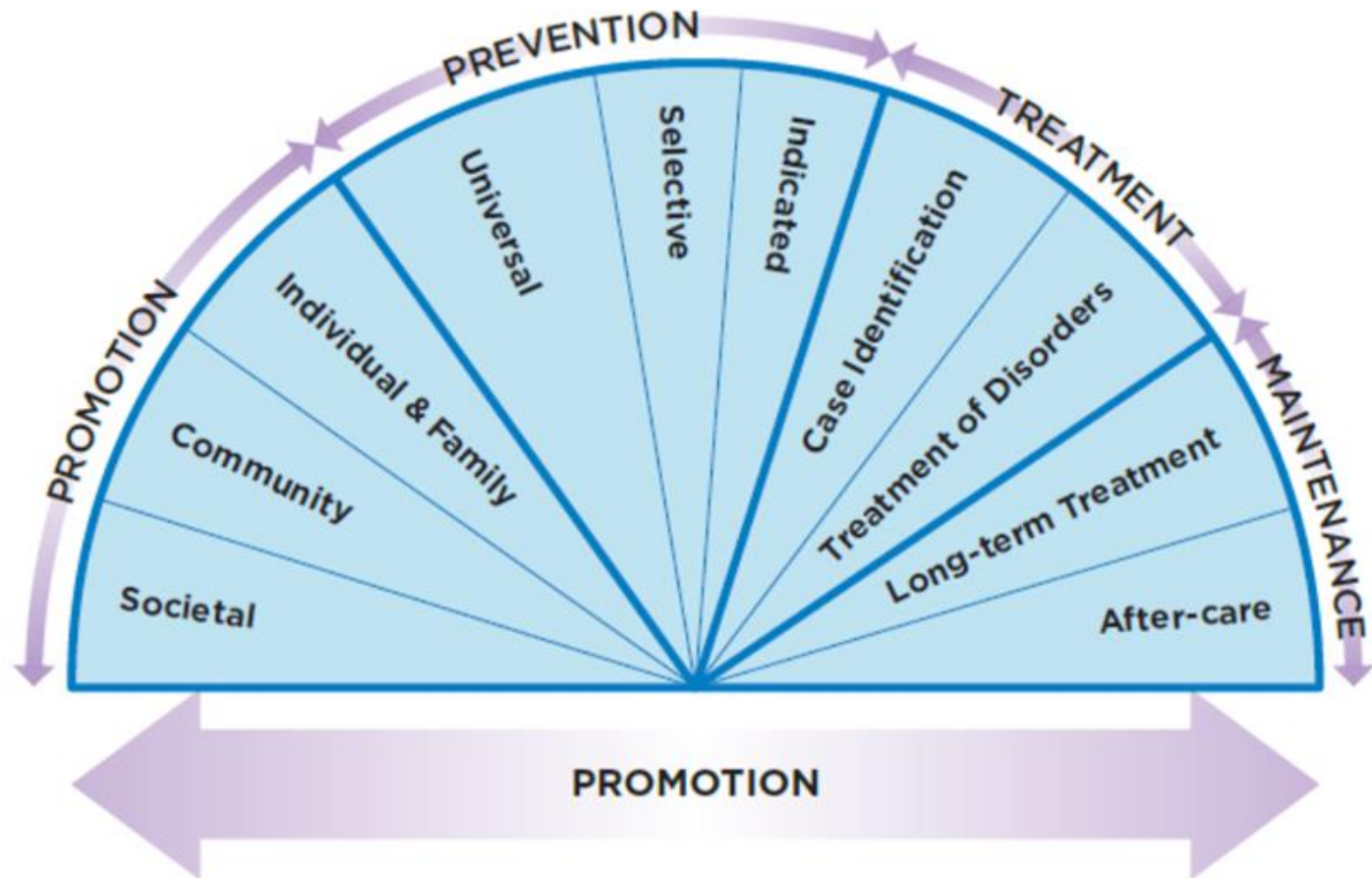


# Where do you spend most of your time?

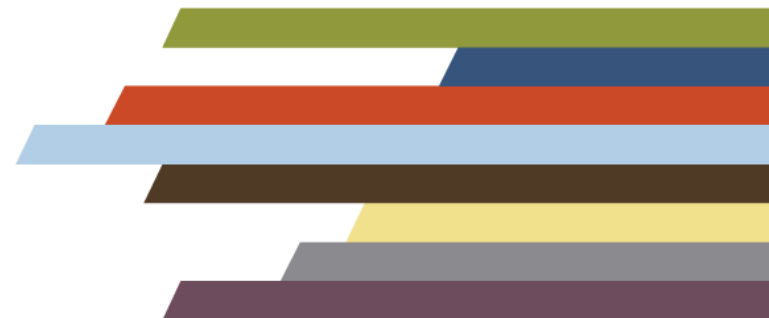


Spectrum of Mental, Emotional and Behavioral Interventions  
National Academies of Sciences, Engineering and Medicine 2019

# Shared Risk and Protective Factors and Why They Matter



Michelle Frye-Spray, NW PTTC,  
CASAT, University of Nevada at Reno  
&  
Blair Brooke-Weiss  
Center for Communities That Care,  
University of Washington

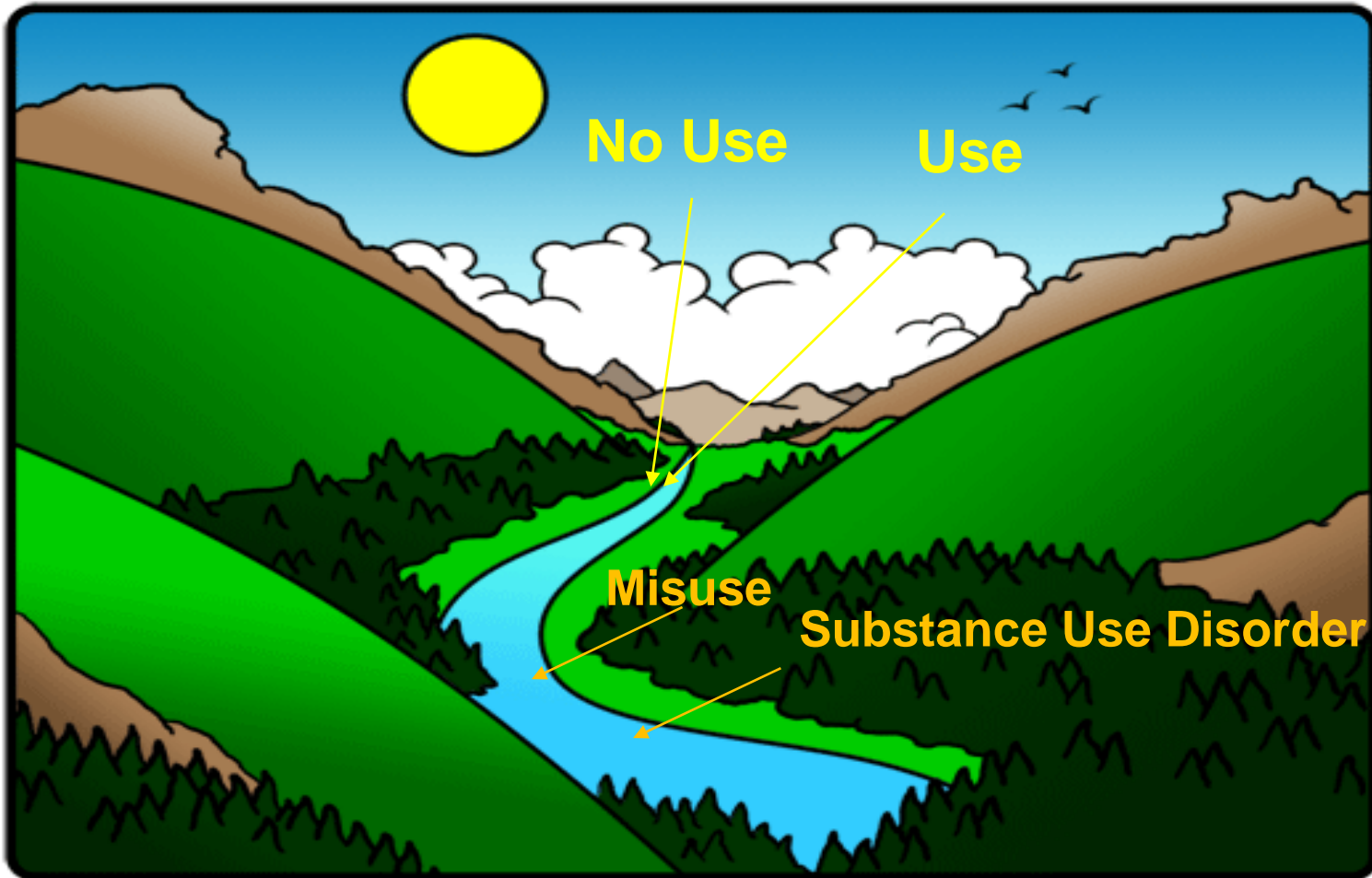


# Objectives

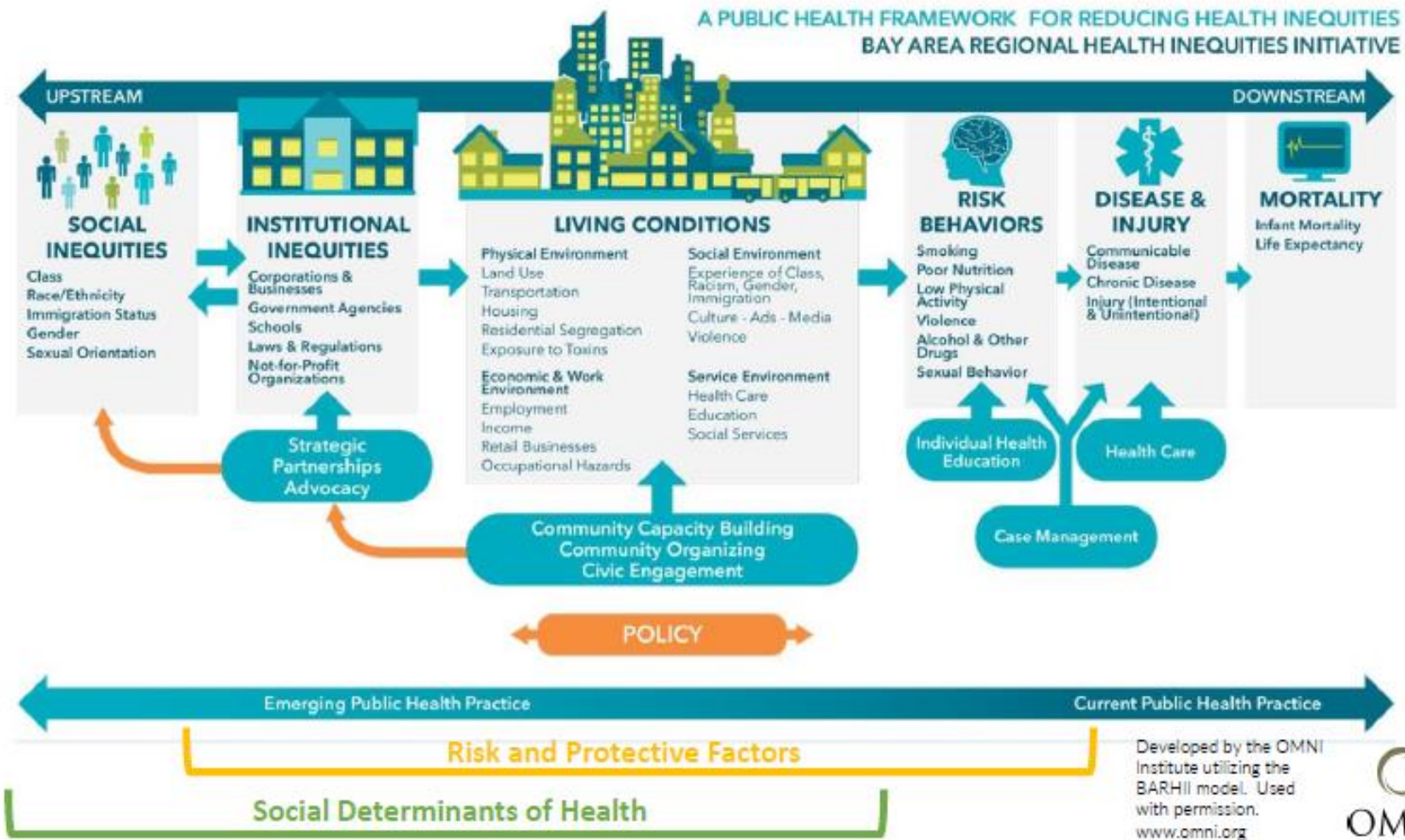
## Participants will be able to:

1. Explain the 'what': what are shared risk and protective factors?
2. Explain the 'why' – why is this important in an environment that is encouraging us towards crisis management?
3. Consider the role of health equity in reducing risk and building protection.

# Big Picture of Responding to Substance Mis-Use: Upstream and Downstream Approaches



# And another way to look 'upstream' with specific attention to health equity



# Objective #1: What does it mean, 'shared risk and protective factors'?

## Wisdom in the room!

- Please talk with the person next to you about what the term, 'shared risk and protective factors' means to you
- Then, join another pair close by to share ideas and find commonalities
- Prepare to share 1 of those commonalities with the full room



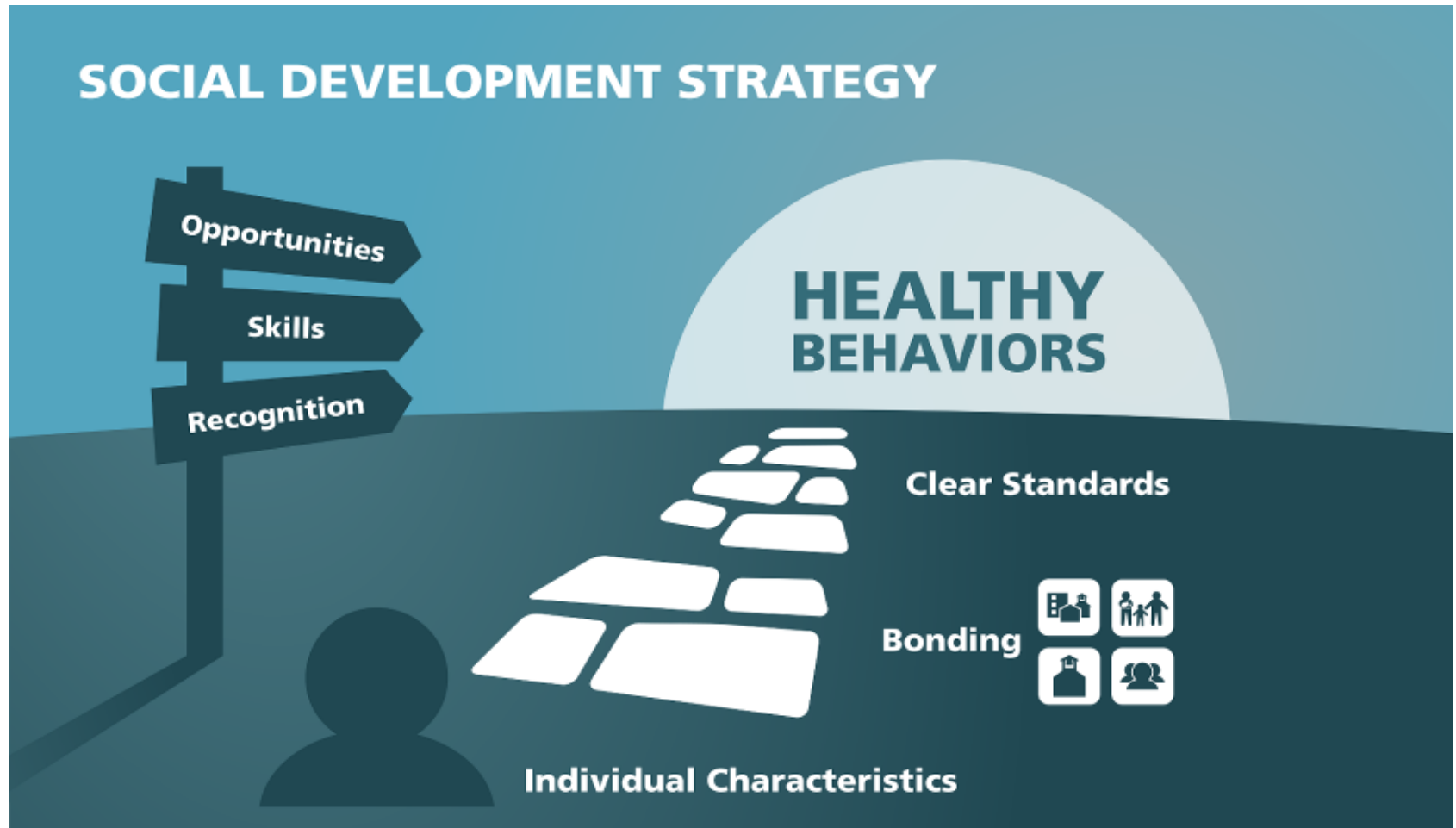
# Definition of ‘shared risk and protective factors’

“A shared risk and protective factor approach refers to prioritizing risk and protective factors linked to multiple [youth outcomes] in prevention planning, partnership, and programmatic efforts (vs focusing on different outcomes separately).”

J Public Health Manag Pract. 2018 Jan-Feb; 24(Suppl 1 INJURY AND VIOLENCE PREVENTION): S32–S41.

<b>PROTECTIVE FACTORS</b>	<b>Substance abuse</b>	<b>Delinquency</b>	<b>Safe Sexual Behavior</b>	<b>School Drop-Out</b>	<b>Violence</b>	<b>Depression &amp; Anxiety</b>
<b>Family, School and Community</b>						
<b>Opportunities for Positive Social Involvement</b>	✓	✓				
<b>Recognition for Positive Behavior</b>	✓	✓			✓	✓
<b>Bonding to Prosocial Others</b>	✓	✓	✓	✓	✓	✓

# Building Protection: Organizing protective factors into a strategy for action

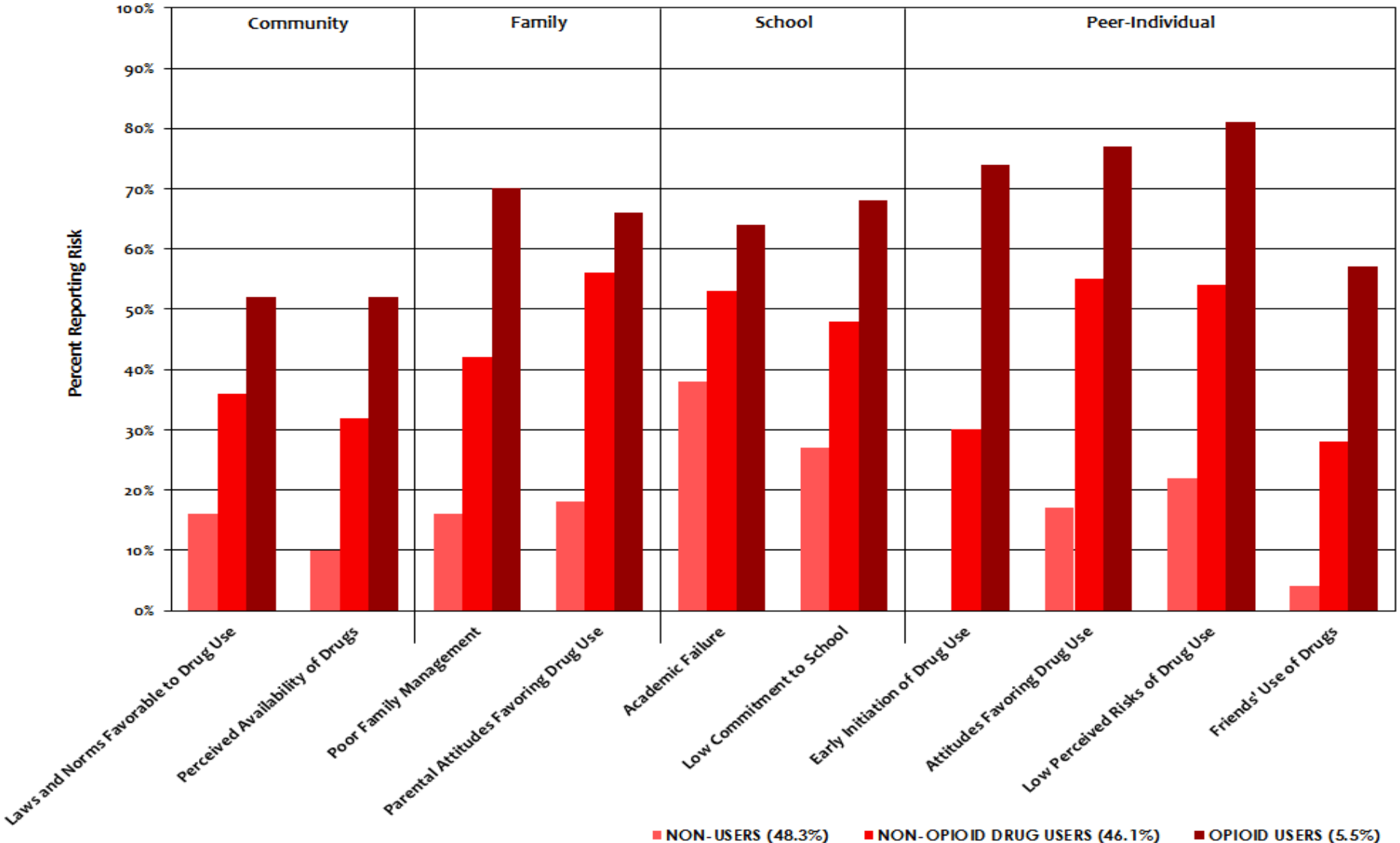




Risk Factors for Health & Behavior Problems	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
<b>Community</b>						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media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

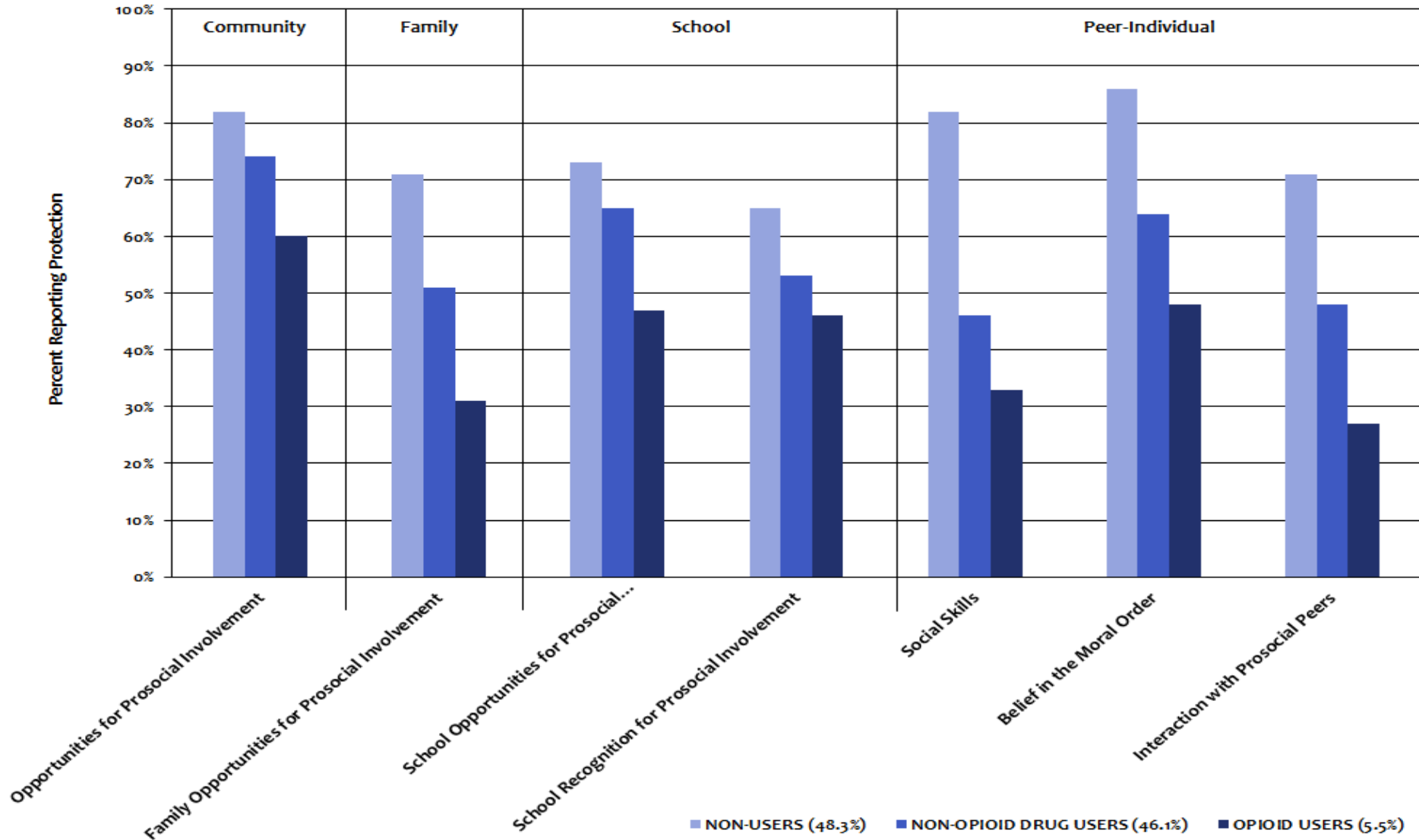
# Risk Profile

Washington State Healthy Youth Survey Statewide Sample  
Grade 10 by Type of Drug Used (2016)



# Protective Profile

Washington State Healthy Youth Survey Statewide Sample  
Grade 10 by Type of Drug Used (2016)



# Surgeon General's 2016 Report: Prevention is Timeless

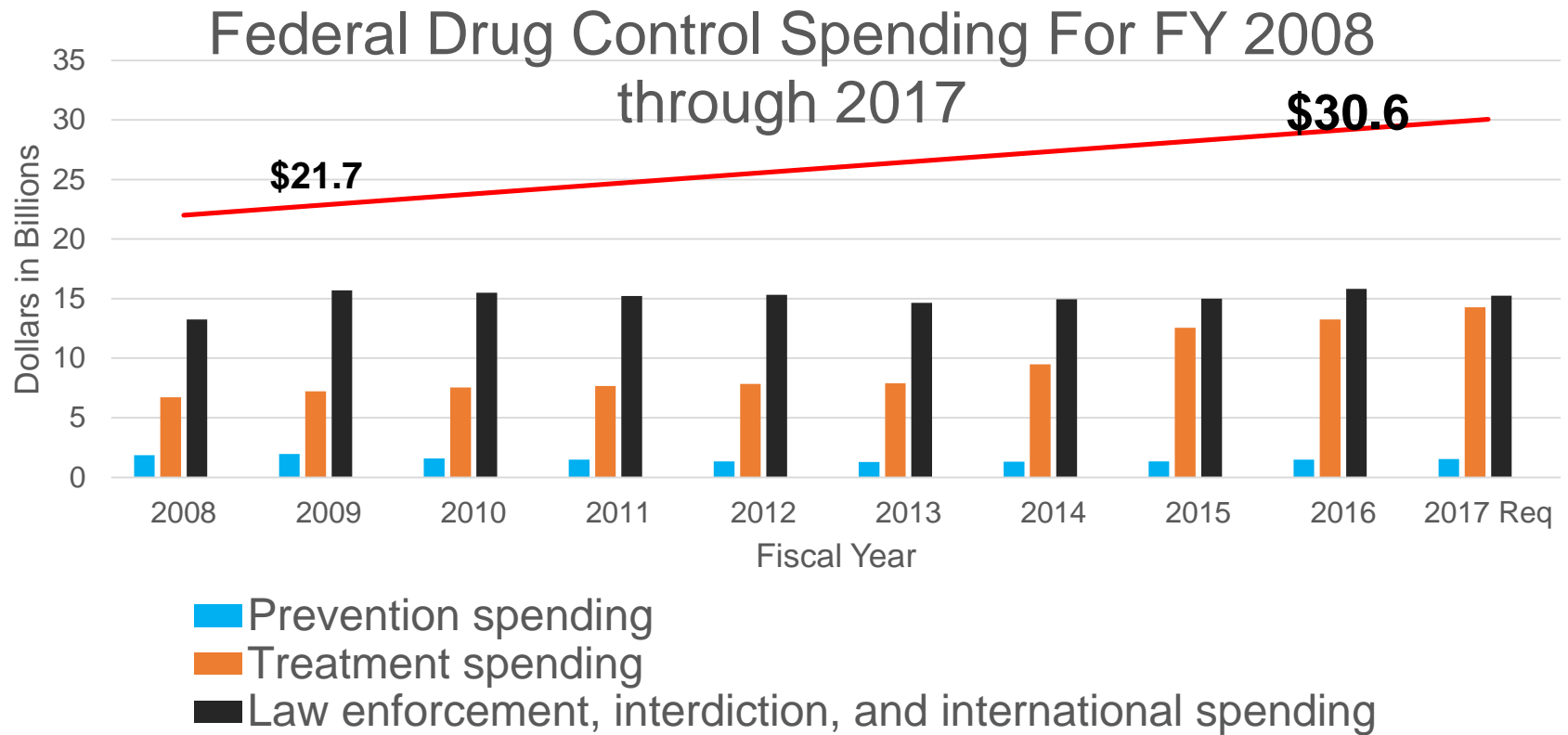


Dr. Vivek Murthy, 19<sup>th</sup> US Surgeon General

- Its never too early or too late
- Effective prevention programs have reduced substance misuse
  - Community-based
  - Family-based
  - School-based
  - Brief motivational interventions in colleges and emergency rooms
  - Workplace
  - Primary care

*<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>*

# Despite the Evidence We Continue to Invest Little in Prevention<sup>12</sup>



# What is our Mantra?

- We know what predicts many problems including substance misuse
- We know what works for upstream prevention: programs, policies and practices (3P's)
- Communities are an effective organizing force
- “We can target risk factors to reduce <downstream issues like> opioid misuse!” (WA State DBHR)

**OVER 90 EFFECTIVE POLICIES AND PROGRAMS PROVEN TO PREVENT BEHAVIORAL HEALTH PROBLEMS ARE NOW AVAILABLE**

**Effective programs:** [www.blueprintsprograms.com](http://www.blueprintsprograms.com); O'Connell, Boat & Warner, 2009.

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

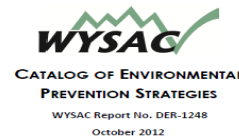
**Effective prevention saves money:** [www.wsipp.wa.gov](http://www.wsipp.wa.gov)  
Washington State Institute for Public Policy Benefit-Cost Results,  
May 2017

# Evidence-based strategies, practices and policy responses!

Environmental Strategy Implementation  
Fidelity Assessment Guidelines

Washington Department of Social and Health Services  
Division of Behavioral Health and Recovery

Developed June 2013  
Updated August 2017



EVIDENCE-BASED PRACTICES  
TO PROMOTE AGENCY IN  
MIDDLE SCHOOL STUDENTS

Final Report, Office of the Superintendent of  
Washington State – June 30, 2015

## STRATEGIES BY CAUSAL DOMAIN

Social availability					
Strategy name	Substance(s)	Other domain/ CDC Goal	Indicator	Used in WY	Page #
Alcohol restrictions at community events	Alcohol	Community norms	🟡	Yes	37
Alternative events for youth	Alcohol, tobacco, other drugs	Community norms/ Prevent initiation	🟡	Yes	41
Beer keg registration	Alcohol		🔴	Statewide	45
Prescription drug take-back	Other drugs		🟡	Yes	107
Responsible event assessment	Alcohol		🟡	Yes	117
Texting Tipline	Alcohol, other drugs		🟡	Yes	135



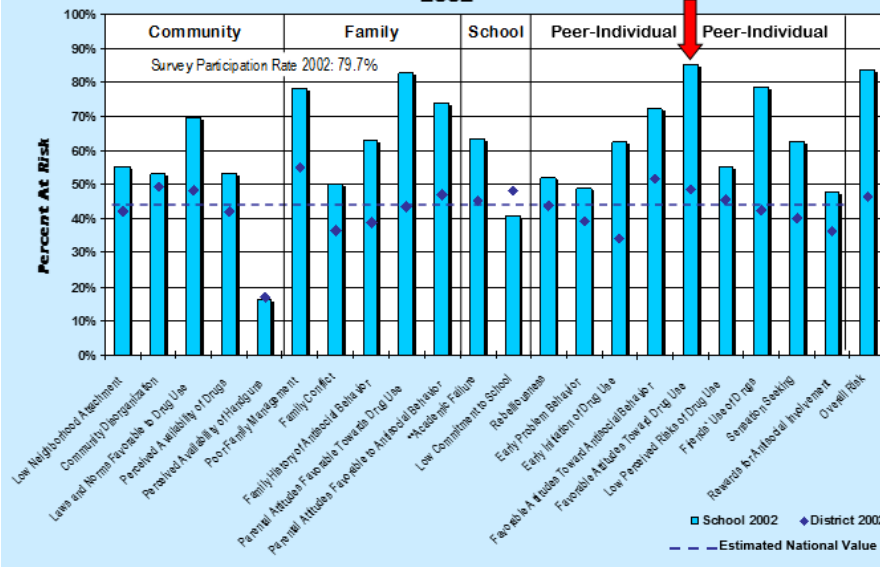
Communities That Care

Community and Societal-Level  
Strategies Menu



# Priority RP Factors Lead to Appropriate Program/Policy/Practice Selection

**Nova High School Risk Profile 10th Grade 2002**



ABOUT US | ASSESS NEEDS | BLUEPRINTS CRITERIA | VIEW ALL PROGRAMS | PROGRAM SEARCH | NOMINATE PROGRAM | RESOURCES

Take our brief survey so we can continue to improve your experience. Thank you!

[SURVEY >>](#)

*I took my first step.*

## PROGRAM SEARCH

CHOOSE FROM 3 WAYS TO SEARCH:

YOU SEARCHED ON THE FOLLOWING CRITERIA:

Risk and Protective Factors: Risk Factors: Favorable attitudes towards drug use

[COMPARE](#)

Select the checkboxes on the left below for programs you wish to compare, then click the "Compare" button.

To sort the list, click on the underlined Program or Rating column headings.

PROGRAM ▶	RATING ▲	BENEFITS AND COSTS	IMPACT
<input type="checkbox"/> <p><b>LIFESKILLS TRAINING (LST)</b></p> <p>PROGRAM INFORMATION   TARGET POPULATION   FUNDING STRATEGIES</p>	Model Plus	BENEFITS MINUS COSTS	Alcohol, Delinquency and Criminal Behavior, Illicit Drug Use, Sexual Risk Behaviors, STIs, Tobacco, Violence
<input type="checkbox"/> <p><b>FUNCTIONAL FAMILY THERAPY (FFT)</b></p> <p>PROGRAM INFORMATION   TARGET POPULATION   FUNDING STRATEGIES</p>	Model	BENEFITS MINUS COSTS	Delinquency and Criminal Behavior, Illicit Drug Use
<input type="checkbox"/> <p><b>MULTISYSTEMIC THERAPY - PROBLEM SEXUAL BEHAVIOR (MST-PSB)</b></p> <p>PROGRAM INFORMATION   TARGET POPULATION   FUNDING STRATEGIES</p>	Model	BENEFITS MINUS COSTS	Academic Performance, Adult Crime, Delinquency and Criminal Behavior, Illicit Drug Use, Mental Health - Other, Prosocial with Peers, Sexual Risk Behaviors, Sexual Violence
<input type="checkbox"/> <p><b>POSITIVE ACTION</b></p> <p>PROGRAM INFORMATION   TARGET POPULATION   FUNDING STRATEGIES</p>	Model	BENEFITS MINUS COSTS	Academic Performance, Alcohol, Anxiety, Bullying, Delinquency and Criminal Behavior, Depression, Emotional Regulation, Illicit Drug Use, Positive Social/Prosocial Behavior, Sexual Risk Behaviors, Tobacco, Truancy - School Attendance, Violence



**communities that care PLUS**

# Most high quality interventions address multiple risk factors AND build protection

<p><b>LIFESKILLS TRAINING (LST)</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid gray; border-radius: 10px; padding: 2px 5px; font-size: 8px;">PROGRAM INFORMATION</div> <div style="border: 1px solid gray; border-radius: 10px; padding: 2px 5px; font-size: 8px;">TARGET POPULATION</div> <div style="border: 1px solid gray; border-radius: 10px; padding: 2px 5px; font-size: 8px;">FUNDING STRATEGIES</div> </div>	<p>Model Plus</p>	<div style="border: 1px solid gray; border-radius: 10px; padding: 2px 5px; font-size: 8px; width: fit-content; margin: 0 auto;">BENEFITS MINUS COSTS</div>	<p>Alcohol, Delinquency and Criminal Behavior, Illicit Drug Use, Sexual Risk Behaviors, STIs, Tobacco, Violence</p>	<p>A classroom-based, 3-year, middle school substance abuse prevention program to prevent teenage drug and alcohol abuse, adolescent tobacco use, violence and other risk behaviors. The life skills curriculum teaches students self-management skills, social skills, and drug awareness and resistance skills.</p>
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## [-] RISK AND PROTECTIVE FACTORS

### Risk Factors

Individual: Early initiation of drug use, Favorable attitudes towards drug use\*, Stress, Substance use

Peer: Interaction with antisocial peers, Peer rewards for antisocial behavior, Peer substance use

Neighborhood/Community: Laws and norms favorable to drug use/crime

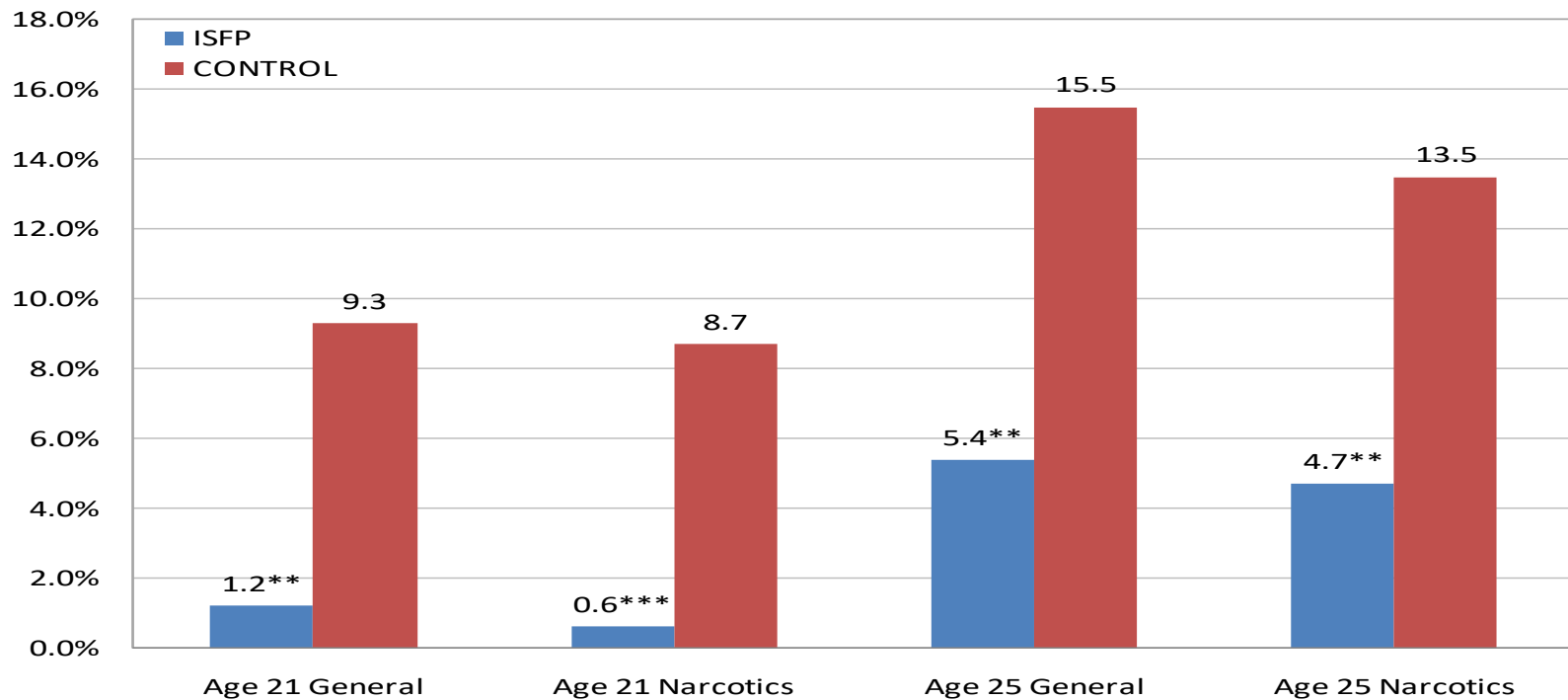
### Protective Factors

Individual: Clear standards for behavior\*, Coping Skills\*, Perceived risk of drug use\*, Problem solving skills\*, Refusal skills\*, Skills for social interaction\*

\*Risk/Protective Factor was significantly impacted by the program.

See also: [LifeSkills Training \(LST\) Logic Model \(PDF\)](#)

# Iowa Strengthening Families 10-14 Young Adult Outcomes Lifetime Prescription Drug Misuse (PDM)



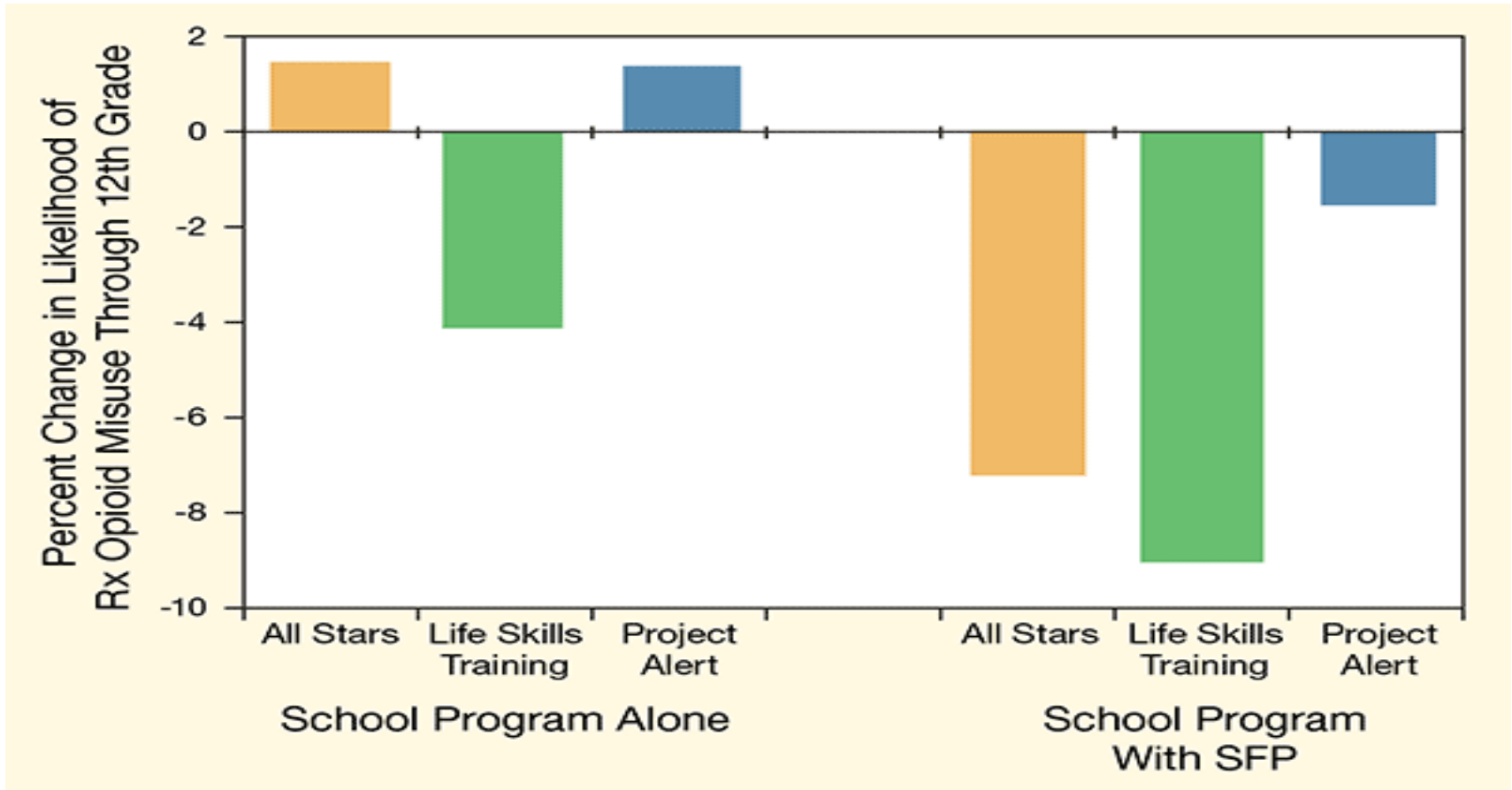
\*\*p<.01; \*\*\*p<.001; RRRs = 65-93%

Notes: General=Misuse of narcotics or CNS depressants or stimulants.

Spoth, R., Trudeau, L., Shin, C., Ralston, E., Redmond, C., Greenberg, M., & Feinberg, M. (2013)

Spoth, R. L., Randall, G. K., Trudeau, L., Shin, C., & Redmond, C., (2008). NIDA Notes December 2015

# Life Skills Training reduced the risk of Opioid Misuse by Grade 12<sup>22</sup>



# Going to Scale with Evidence-based Prevention

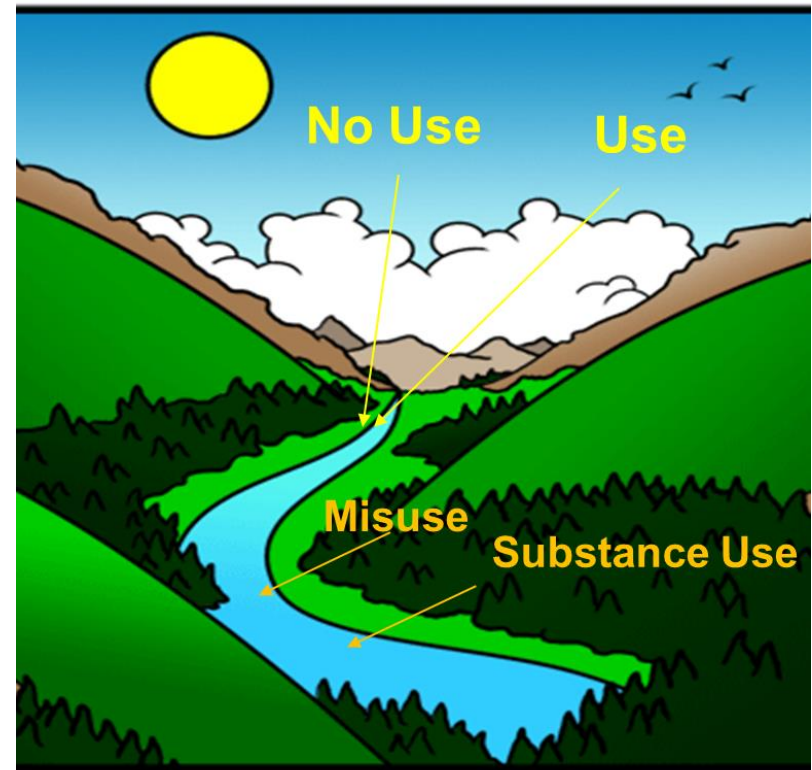
- Communities must select programs appropriate to their risk, protection, and substance use profile
- **Program Delivery/Policy Implementation**
  - Fidelity
  - Program fit/adaptation
  - Program reach
  - Little research on policy implementation processes
- Research scaling of programs/policies to learn how to increase fidelity, fit, adaptation and reach

# Policy Interventions: Alcohol Misuse

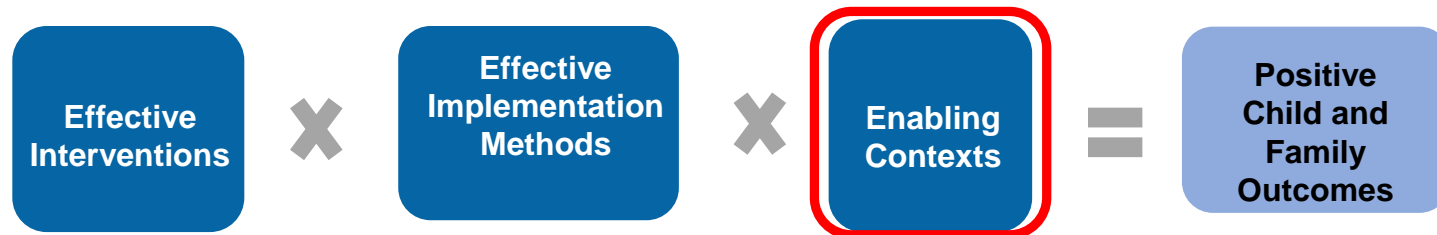
- Increase Alcohol Taxes
- Regulate Alcohol Outlet Density
- Dram shop (Commercial Host) Liability
- Avoid Further Privatization of Alcohol Sales
- Maintain limits on Days of Sale
- Maintain Limits on Hours of Sale
- Enhanced Enforcement of Laws Prohibiting Sales to Minors
- Electronic Screening and Brief Intervention (e-SBI)

# Objective #2: Why?

Why is this important in an environment that is encouraging us towards crisis management?



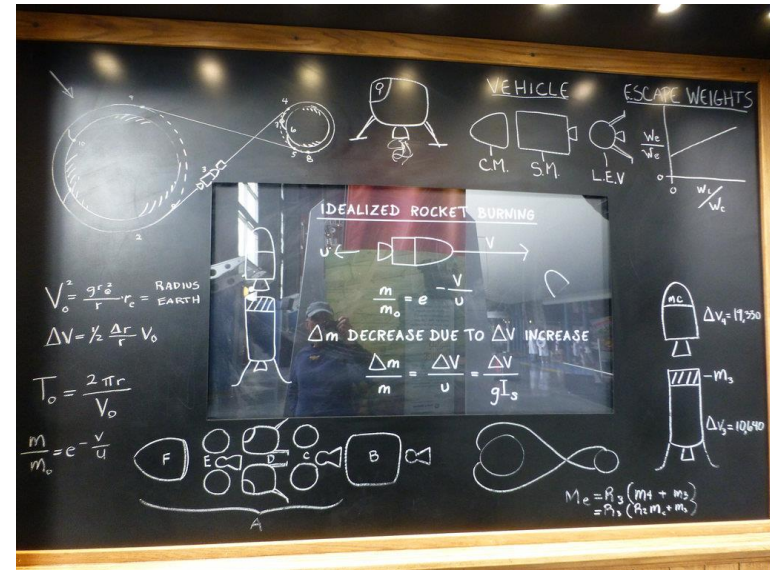
# Community Role: Creating Optimal Enabling Contexts





# How do we know what we know about prevention?

- Why a science-based approach?
- What else do we need to know to do this work?



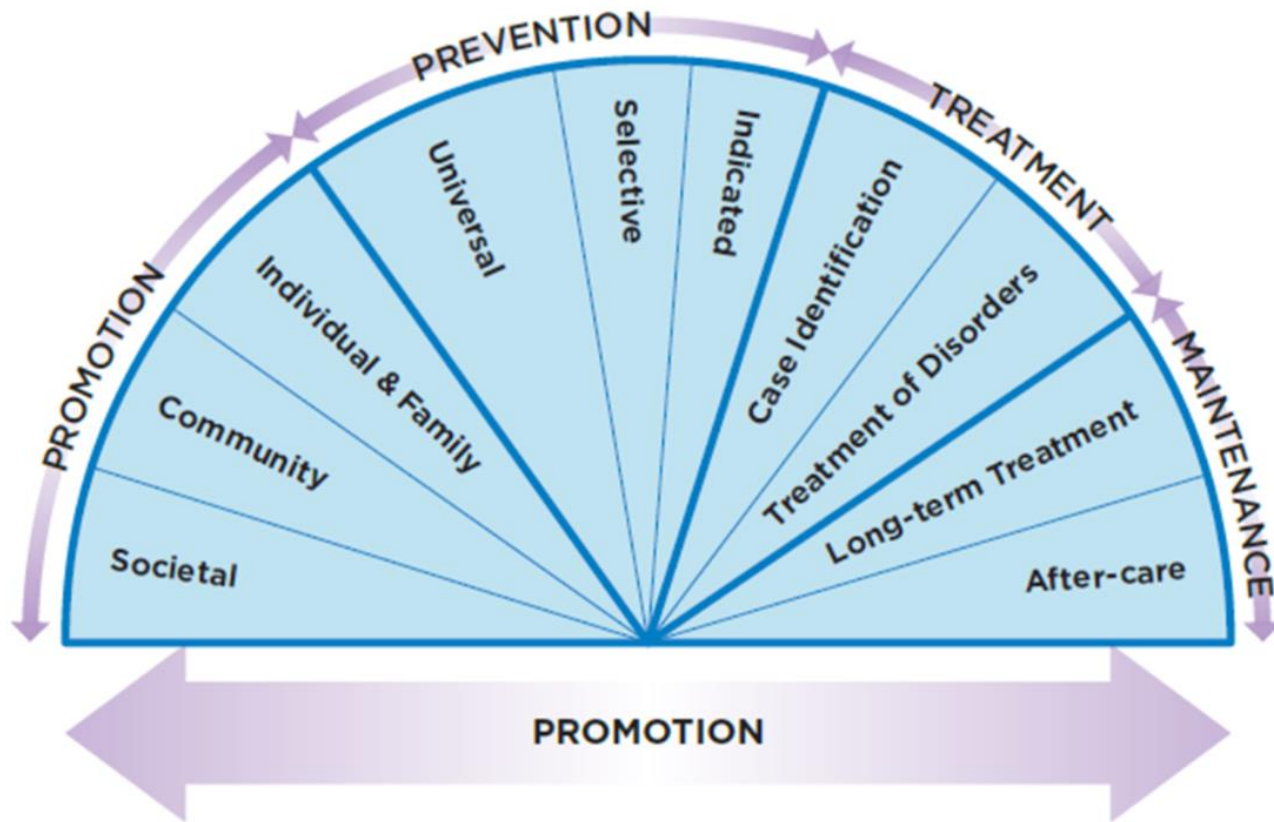
# Objective #3: How can an equity lens inform our work around shared risk and protective factors?



## In pairs or triads:

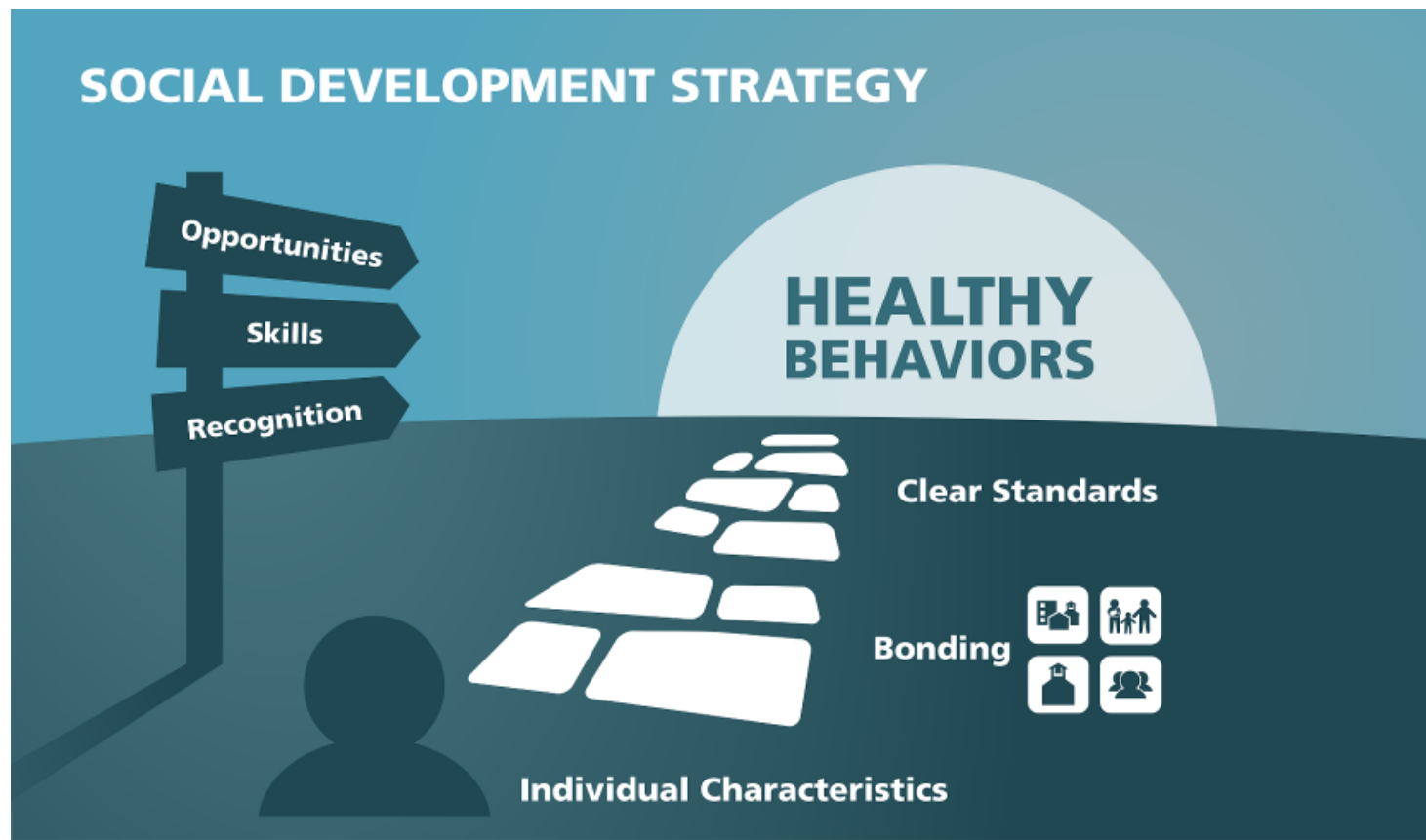
1. Choose a risk factor associated with a priority substance misuse outcome in your community – and ask, “Why might some groups have different experiences with this risk factor?”
2. Once you come up with a reason, ask why that reason or condition exists? Why would some communities face disparities with that condition?
3. Ask ‘why’ at least one more time
4. Repeat process using a protective factor

# Conclusions: Embracing the Big “BOTH-AND”



# Build Protection!

## The BIG Five important factors that promote well being



# TEENS WHO FELT CONNECTED\* to **family** and **school** were

**65%** LESS LIKELY  
to use **illicit drugs** or  
misuse **prescription drugs**  
as adults

**54%** LESS LIKELY  
to be diagnosed with  
an **STD** as adults

**51%** LESS LIKELY  
to report having experienced  
**physical violence** in the past  
year as adults

A new CDC study suggests helping young people feel engaged and cared for at home and at school can have substantial health benefits that last well beyond their teenage years.

\*Connectedness refers to a sense of caring, support, and belonging to family and school.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

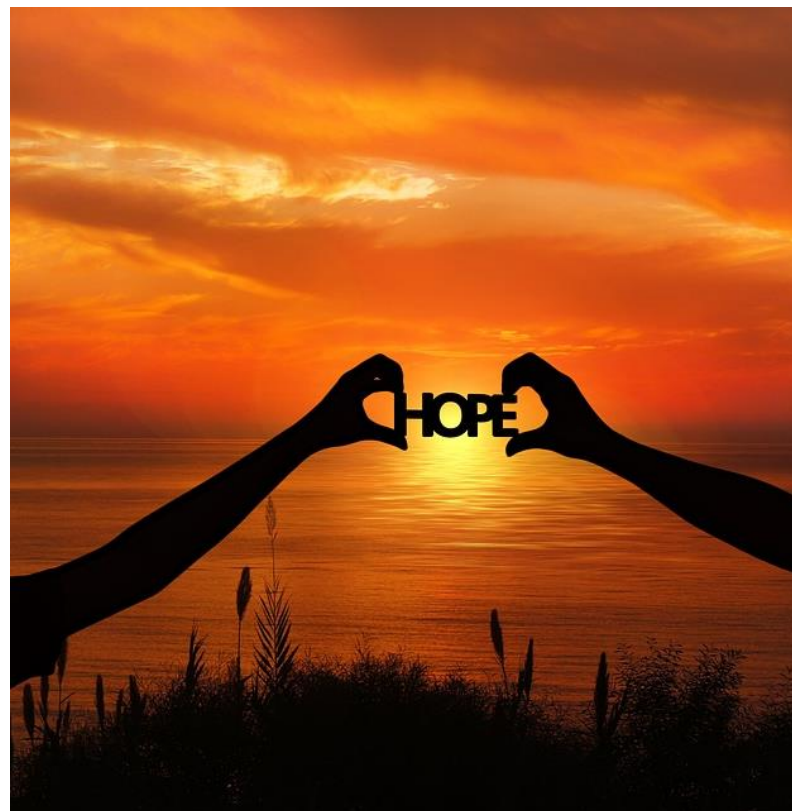
Source: Centers for Disease Control and Prevention



# Being a 'hope dealer'

Think-Pair-Share: How to be that 'hope dealer' where you are?

- How to broaden our work to address the tensions between responding to real and urgent crises, and getting more upstream?



# THANK YOU!

Blair Brooke-Weiss

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