The Coalition for the Promotion of Behavioral Health

Prevention Training Module 4:
Policy Prevention Practice

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

Acknowledgements

Introduction

This module focuses on increasing students' knowledge of policy-level prevention practice. 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 understand policy-level strategies for integrating preventive interventions and policies in communities. Specific objectives are:

- Analyzing how social policies impact communities and identifying tools that can be used to advocate for preventative social change
- Identifying the benefits of prevention and how to advocate for institutional, local, state, and federal policies that promote preventative actions
- Understanding the policy context and how to promote prevention within different legislative bodies (e.g., institutional, local, state, or federal policymaking)
- Identifying pressing policy issues that can be framed from a prevention perspective
- Advocating for policy-level changes that address community risks and protective factors

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

- **Competency 3:** Advance Human Rights and Social, Economic and Environmental Justice
- **Competency 5:** Engage in Policy Practice

Materials needed:

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

Total time:
1 hour, 45 minutes

Exercise 1: Prevention in Policy Practice

1.1 Address the overall aim of prevention in policy practice. [5 minutes]

Describe the overall aim of policy practice and the profession's call to address socially unjust policies and to design policies that alleviate disparities among historically oppressed, underserved, and marginalized communities:

> Prevention is an important element for advancing social justice—especially in our most vulnerable communities. As we know, significant disparities exist in communities with a higher level and concentration of risk factors (i.e., factors that make individual and social problems more likely). Therefore, creating policies that offset risks and reduce disparities is imperative to advancing social justice. An important mechanism for doing so is by engaging in effective policy practice via advocating that legislative bodies (e.g., institutional, local, state, and federal decision-makers) advance policies that reduce risk and promote protection—policies that *prevent* social problems by alleviating persistent disparities seen in many of our most vulnerable communities.
>
> As social workers, however, we do not focus often enough on *preventing* problems. Instead, we frequently intervene when individual, family, or community problems have reached a critical level that requires more costly and often time-consuming treatments and interventions. In this same way, policymakers often do not respond to social problems until they reach a critical threshold where many individuals, families, and communities are affected. As such, many of our current social policies address social problems too late—after human suffering has already occurred.
>
> It is important, then, to consider how we might use institutional and legislative policymaking to prevent social problems from occurring in the first place or, at a minimum, from worsening over time. But how might we convince a policymaker to invest in prevention?

1.2 Discuss prevention in policy practice. [15 minutes]

Tell students how to encourage prevention in policy practice:

> Key to advancing policies that promote prevention is assisting policymakers in understanding the complexity of social problems and their often-shared risk and protective factors, which either exacerbate or mitigate problems for clients and their families. By targeting risk factors with preventative policies, we are likely to stop social problems from progressing to the point of needing more intensive and costly solutions.

Policymakers must understand the value of alleviating social problems *early* by developing a policy agenda focused on prevention. Educating decision-makers on policy avenues that target risk factors and enhance protective factors is one way to promote preventative policy development.

Helping policymakers to understand the cost savings of prevention is perhaps the most persuasive argument. Reducing risks and promoting protection alleviates the burden of social problems on communities, which saves resources (financial and otherwise) as costs to families and service systems (e.g., criminal justice, integrated care, child welfare, etc.) are reduced.

AN EXAMPLE FROM PRACTICE

Many communities in the U.S. are burdened by the burgeoning opioid epidemic, especially in rural America where behavioral health and addiction treatment services are under-resourced or unavailable. Families are deeply affected, as this epidemic leads to greater physical and mental health challenges as well as potential involvement in the criminal justice and child welfare systems. This epidemic extends beyond the family, creating social and economic costs to already-overburdened service systems and community supports. How might a policy initiative prevent further social and economic costs to individuals, families, and communities?

Q **What benefits might persuade policymakers to invest in prevention?**

Introduce the kinds of benefits that are possible when developing preventative policies:

Focusing on prevention is a cost-efficient way to address community-level needs and prevent the escalation of problems that require more costly interventions. The economic savings are significant for families and communities alike via reducing risks within these systems and alleviating the burden on underresourced systems of care.

The benefits of taking a preventative approach to addressing *community-level* needs via policy development include:

- improving the cost-efficient use of resources to improve outcomes for vulnerable youth and their families;
- reducing overall expenditures at the institutional, local, state, and/or federal levels to address social problems affecting individuals, families, and communities; and
- reducing the time spent by community-level systems in addressing more complex, severe, and often retractable problems that many youth and their families face, which then reduces the operational costs of various systems of care.

By investing in preventative policies, communities can reduce the social and economic impact of social problems on individuals, families, and communities. In fact, research confirms that prevention creates a substantial cost *savings*. For example, a recent report from the Washington State Institute for Public Policy (WSIPP, 2015) demonstrates that the benefits of introducing preventative interventions within different systems of care significantly outweigh the costs in terms of improving outcomes, promoting healthier families and communities, and prioritizing less expensive (but still impactful) interventions. Public policy initiatives can therefore play an important role in creating the necessary infrastructure and resources necessary to advance the implementation of preventative interventions within local, state, and federal institutions.

REVIEW: LEVELS OF PREVENTION

It is important to recognize the different levels of prevention, which have various implications for policymaking. Policy initiatives should reflect the needs and the opportunities present within the community (defined broadly to include municipalities, states, and nations).

Universal prevention | 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). An example of a universal prevention policy initiative would be creating educational policy to fully fund the adoption and implementation of preventative interventions in K-12 schools (see WSIPP's benefit-cost findings for more information).

Selected prevention | Preventing a problem among a group of people that have been identified as particularly at risk for the problem. An example of a selected prevention policy initiative would be to create prescribing protocols for doctors that limit access to opioid medications and promote opioid alternatives for managing pain (see the Surgeon General website for more information).

Indicated prevention | Preventing significant problems for a group of people who are already showing some indication that they have early stages of the problem. An example of an indicated prevention policy initiative would be reducing access to lethal means (e.g., firearms) of self-harm for individuals at risk of suicide by regulating and restricting that access (see the Suicide Prevention Resource Center website for more information).

Tell students: As advocates for social change, social workers play an important role in advancing policies to alleviate the burden of social problems by preventing them in the first place (*universal*) and targeting those who are at risk with more specific and intentional strategies (*selected* and *indicated*).

Exercise 2: The Policymaking Process

2.1   Introduce the risk and protective factor framework to help students identify possible targets for preventative policies. [5 minutes]

Describe an example of where prevention policies may be useful:

Research has identified a number of *risk factors* that contribute to negative outcomes for youth, such as school failure, peer relationship problems, family disruptions, juvenile delinquency, and mental health issues. As a result of these outcomes, youth may become involved in multiple systems (e.g., child welfare, juvenile justice, and mental health). These negative outcomes are typically the result of the accumulation of risk over time. That is, risk factors predict an increased likelihood for developing a social, emotional, behavioral, or academic problem, especially as risk accumulates over time.

Protective factors, on the other hand, can offset or mitigate risks, therefore reducing the likelihood that problems may result. Risk and protective factors can be identified at the individual, family, peer, school, and community levels and may be different depending on the specific developmental stage. Risk and protective factors are also considered to be shared across different negative outcomes. In other words, delinquency, drug use, school failure, and behavior problems may share the same risk factors.

Because risk factors can occur at *multiple levels*, advocacy and policy initiatives may target risk factors at any of these levels by developing institutional, local, state, and/or federal policies to reduce risk and promote protection.

2.2 Integrate knowledge of risk and protective factors. [5 minutes]

Share the following table (see the Appendix for the handout) from the Communities That Care program with students. Note that this table points out common risk and protective factors across different behavioral health problems.

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.

2.3   Application to a specific problem area: Tobacco, alcohol, and other drug use. [15 minutes]

Introduce the following tables, which describe risk and protective factors for tobacco, alcohol, and other drug use. Then prompt students to consider policy initiatives that could target risk and protection.

Risk and Protective Factors for Tobacco, Alcohol, and Other Drug Use

Risk Factor	Definition	Adolescent Substance Use	Young Adult Substance Use
Individual			
Early initiation of substance use	Engaging in alcohol or drug use at a young age	X	X
Early and persistent problem behavior	Emotional distress, aggressiveness, and "difficult" temperaments in adolescents	X	
Peer			
Favorable attitudes toward drug, alcohol, and/or tobacco use	Friends and peers who believe using drugs, alcohol, and tobacco is okay	X	X
Peer substance use	Friends and peers who engage in alcohol or drug use	X	X
Family			
Family conflict	Conflict between parents or between parents and children, including abuse or neglect	X	X
Family management problems (monitoring, rewards, etc.)	Poor management practices, including parents' failure to set clear expectations for children's behavior, failure to supervise and monitor children, and excessively severe, harsh, or inconsistent punishment	X	X
Favorable parental attitudes	Parental attitudes that are favorable to drug use, and parental approval of drinking and drug use	X	X
School			
Negative school climates	School environments characterized by bullying/violence, low teacher–student connection, limited school belonging	X	
Availability of drugs	Sale and/or use of drugs at school	X	
Community			
High availability of substances	High number of alcohol outlets in a defined geographical area or per a sector of the population	X	X
Low neighborhood attachment	Low social cohesion in the neighborhood	X	
High poverty concentration	Higher concentration of lower income families	X	

Protective Factor	Definition	Adolescent Substance Use	Young Adult Substance Use
Individual			
Social, emotional, behavioral, cognitive, and moral competence	Interpersonal skills that help youth integrate feelings, thinking, and actions to achieve specific social and interpersonal goals	X	X
Self-efficacy	An individual's belief that they can modify, control, or abstain from substance use	X	X
Resiliency	An individual's capacity for adapting to change and stressful events in healthy and flexible ways	X	X
Family, School, and Community			
Opportunities for positive social involvement	Developmentally appropriate opportunities to be meaningfully involved with the family, school, or community	X	X
Recognition for positive behaviors	Parents, teachers, peers, and community members providing recognition for effort and accomplishments to motivate individuals to engage in positive behaviors in the future	X	X
Bonding	Attachment and commitment to—and positive communication with—family, schools, and communities	X	X

Source: Tables adapted from the Surgeon General's Report on Alcohol, Drugs, and Health (U.S. Department of Health and Human Services, 2016).

Ask students to consider the following:

Risk and protective factors are equally important to a young person's future and occur on multiple levels in a young person's life: individual, family, peer/school, and community. Risk and protective factors are not limited to predicting tobacco, alcohol, or other drug misuse. Some risk and protective factors are associated with other behavioral problems as well (e.g., delinquency and school drop-out); these can be considered *nonspecific factors*. However, some of these risk and protective factors are clearly linked to adolescent tobacco, alcohol, or other drug use, such as early initiation of substance use, peer substance use, or the availability of substances in their communities; these are considered *specific factors*. Policies tend to address specific risk factors first because they may have a greater impact on the problem.

Ask students to reflect on ways to integrate knowledge of risk and protective factors into their practice setting.

> **Q:** **How might you use this framework in your own practice?**
>
> **Q:** **How could this framework inform your advocacy for preventative policy development at the organizational, local, state, and federal levels? Think in terms of preventative policies that target specific (e.g., availability of substances in a community) and nonspecific (e.g., poverty) factors.**

Exercise 3: Policy Practice and Social Change

3.1   Describe the policy practice context and its relevance for prevention. [10 minutes]

Connect prevention to policy practice by briefly describing policymaking and its impact on communities and social service systems:

> An important first step in policy practice is to assess the social conditions and social problems present in a community. In this way, a strong case can be made for the extent and impact of the specific social problem for which a policy solution is needed. Often, this involves conducting research on the problem and collecting relevant data that demonstrate its prevalence and impact. From a prevention lens, collecting data on the extent to which certain risk factors exist in the community is an important way to demonstrate the extent and impact of a problem. Given the persuasiveness of economic arguments in prompting policymakers to take action, data on impact should include costs to the individuals and families experiencing the problem *and* to the systems serving them, when and where data are available. Information on the extent, impact, and costs of a social problem also serves as a compelling argument for community members, as garnering public attention to the issue is critical for creating public interest in solving it. If community members (i.e., policymakers' constituents) see the issue as a problem in need of a solution, policymakers will be more likely to take action.

Next, describe specific action steps to advocate for preventative social policies:

> After a comprehensive analysis of the social problem, advocates must identify modifiable risk and protective factors that, if addressed, can help to alleviate the problem. Second, advocates must weigh all possible policy solutions and determine specific policy goals and objectives to address the identified risk and protective factors. Next, advocates must influence policymakers to take action, which may include contacting policymakers directly (e.g., letter-writing campaigns, providing testimony, or creating policy briefs) to support specific action steps and/or policy initiatives.

Introduce a few examples of preventative policies to prevent underage drinking. You can present the targeted risk and protective factors for each policy or ask students to identify them based on the provided tables. (This information is adapted from the Surgeon General's Report on Alcohol, Drugs, and Health [U.S. Department of Health and Human Services, 2016]).

- Zero-tolerance laws: Those under the age of 21 are not allowed to consume alcohol.
    - Effectiveness: States with zero-tolerance laws in place have 20% fewer alcohol-related traffic fatalities than states without zero-tolerance laws. Today, all 50 states have zero tolerance, and studies have shown a 19% decrease in driving after any drinking and a 23% decrease in driving after five or more drinks for anyone under the age of 21.
    - Risk factors: Early initiation of substance use
    - Protective factors: Self-efficacy

- Dram-shop laws: Bartenders are held responsible for giving minors alcohol.
    - Effectiveness: Studies have found a decrease of 6.4% of alcohol-related vehicle fatalities in locations with dram-shop laws.
    - Risk factors: Early initiation of substance use, availability of substances
    - Protective factors: None found

- Criminal social host laws: Similar to dram-shop laws, criminal social host laws hold adults in noncommercial settings responsible for providing alcohol to minors—specifically on their property.
    - Effectiveness: Studies have found a 3% decline in binge drinking, a 1.7% decline in drinking and driving, and a 9% decrease in alcohol-related traffic deaths in locations with criminal social host laws.
    - Risk factors: Early initiation of substance use, favorable parental attitudes
    - Protective factors: None found

Ask students to reflect on the following questions in a large or small group format.

Q **What kind of evidence may have been used to describe the social problem—underage drinking—that these policies seek to address?**

Q **What are the similarities between these three policies?**

Q **What other state or federal policies address other risk and protective factors related to underage drinking?**

3.2 Explain different social advocacy approaches that can be used to persuade policymakers. [10 minutes]

Describe the following advocacy strategies that can support the development and enactment of preventative policies. Ask students to reflect on how they might engage in each of these strategies (see *MoveOn's 50 Ways to Love Your Country* for more information). Be sure to stress that successful policy advocacy can take multiple campaigns and significant time (and patience).

Present these strategies to students:

1 | Start an online petition
Online petitions can be used to garner public interest and demonstrate support for action on the issue:

✓ Consider creating a dedicated website for your issue, which can house information on the issue and raise awareness among the general public.
✓ Use an online platform such as www.thepetitionsite.com or www.change.org to create a petition.
✓ Spread your message and the petition via e-mail and social media.
✓ Invite diverse stakeholders to get involved and disseminate the petition to their networks.
✓ Deliver the online petition to elected officials with a specific action you're advocating for them to take.

2 | Write a letter to an elected official
Letters to elected officials can be particularly persuasive, especially when they are a part of a mobilized and coordinated effort:

✓ Consider creating a website or social media group to mobilize stakeholders.
✓ Write an individualized letter (or e-mail) when possible, as form letters are not as persuasive.

✓ State a clear objective (e.g., "support Proposition 6"), and demonstrate your knowledge of the issue and why their action is needed.
✓ Consider including a personal story or anecdote that can make the issue "real" for policymakers.

3 | Write a letter to the editor
Letters to the editor in local or national news media can garner public attention on the issue and raise the level of awareness needed to influence policymakers:

✓ Begin by stating a clear objective: What is the issue, and what action is needed?
✓ Write concise, brief sentences in a manner that the general public can digest.
✓ Review and reread the letter multiple times to make sure the text is simple and digestible.
✓ Make sure your facts and statistics are evidence-based and well-supported.
✓ Include a personal story or anecdote that makes the evidence/facts tangible for the audience.

4 | Draft a persuasive policy brief
Policy briefs can influence policymakers by providing them brief but thorough information on the issue and stating clear policy directions they should take in response:

✓ Review a few examples before drafting your own brief (see, e.g., the Society for Research in Child Development).
✓ Present evidence on the issue but make sure your facts and statistics are evidence-based and well-supported.
✓ Include a personal story, anecdote, or quote from someone affected by the problem to add a human element to the facts and figures.
✓ State clear action steps policymakers must take to address the issue.
✓ Consider outlining differing points of view or policy alternatives, and make clear why these actions would not be as effective to resolve the issue.

3.3 Draft a letter to a policymaker, asking them to address one of the major risk factors present in the case scenarios. [30 minutes]

Select one of the following case scenarios. In small groups of 3–4, have students read the case study (see the Appendix for the handout), and then ask them to draft a one-page letter to a policymaker at the organizational, local, state, or federal level that describes the social problem—including the risk factors present in the community—and articulates a clear policy solution they want the policymaker to enact.

Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). Matt's father passed away 5 years ago, and Matt has grown up with his mother and three brothers in Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61% are Hispanic, 24 % are African American, and 11% are White. There are an estimated 7,000 families, and over half of residents are under age 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% of residents live in poverty, compared to metro Denver's overall poverty rate of 12%. The neighborhood has no grocery store, 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 school students.

Like other families in the community, however, Matt's family is close with several of Matt's immediate neighbors, who have known each other for many years. The neighbors sometimes let Matt stay at their house when Matt's mom needs to work late at her job, which is not uncommon in his neighborhood. On Sundays, neighbors often gather at the neighborhood church where many are members.

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 on the corner or 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.

Despite Matt trying to stay out of trouble, after school is a rough time for him, as it is for many youth in the community. Many parents in the community work late, including Matt's mom, leaving Matt and other youth alone after school and into the evening. When Matt gets lonely or bored, he often meets his friends at the park or the nearby arcade, where youth have been known to get into trouble with gangs or drugs. Matt's friends have recently begun hanging out with older kids who are associated with a local gang. Many youth in the community, including Matt's friends, wear gang colors and steal things or tag public places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is afraid that he will get caught by police or his mom, Matt wants to fit in and belong. Several of Matt's friends are also struggling with these pressures.

As Matt is one of many youth in the community at risk for getting into trouble, many local policymakers and community stakeholders want to explore macro-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community. Montbello is just one of the Colorado neighborhoods struggling to prevent youth violence, gang activity, and drug use. As such, growing pressure is being placed on the state's legislature to respond.

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.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61% are Hispanic, 24% are African American, and 11% are White. There are an estimated 7,000 families, and over half of residents are under age 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% of residents live in poverty, compared to metro Denver's overall poverty rate of 12%. The neighborhood has no grocery store, 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 school students.

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 fights 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, surfs the Internet, and texts with a boy—Rich—she met at school this year. Last week, Rich came over after school even though her parents told Jessie she shouldn't have anyone over when they aren't home. He smoked weed at her house. 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 local policymakers and community stakeholders want to explore macro-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community. Montbello is just one of the Colorado neighborhoods struggling to prevent youth violence, gang activity, and drug use. As such, growing pressure is being placed on the state's legislature to respond.

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.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61% are Hispanic, 24% are African American, and 11% are White. There are an estimated 7,000 families, and over half of residents are under age 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% of residents live in poverty, compared to metro Denver's overall poverty rate of 12%. The neighborhood has no grocery store, 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 school students.

Neighbors are close in Raleigh's community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends or playing soccer after school. His family meets up with friends at the only 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 became a target for harassment and bullying. Bullying is common in Raleigh's school; it didn't seem like a big deal to him until he was the target. 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.

As Raleigh is one of many youth in the community struggling and at risk for getting into trouble, many local policymakers and community stakeholders want to explore macro-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community. Montbello is just one of the Colorado neighborhoods struggling to prevent youth violence, gang activity, and drug use. As such, growing pressure is being placed on the state's legislature to respond.

After students finish reading the case study and complete their letters, ask each group to present their letters to the class. Then ask the class as a whole to process the following questions:

1. What was the most persuasive aspect of these letters and most likely to prompt action?
2. What resistance might you encounter from policymakers?
   a. How might you overcome this resistance?
   b. What other arguments might be persuasive?

Exercise 5: Module Debrief & Discussion

5.1   Guide students in reflecting on prevention policy practice. [10 minutes]
Ask students:

Q   **What is a prevention policy? What might a preventative policy look like at different levels (institutional, local, state, or federal)?**

Q   **What advocacy actions can influence policymaking? What might the actions look like at different levels (institutional, local, state, or federal)?**

Q   **What might be additional preventative policies to consider for supporting the youth from the case scenario, his or her family, and their community?**

Exercise 6: Optional Follow-up Assignments

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

1. Policy brief
2. Policy debate
3. Mock legislative hearing

Additional Resources

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

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

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.

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 and Protective Factors for Tobacco, Alcohol, and Other Drug Use

Risk Factor	Definition	Adolescent Substance Use	Young Adult Substance Use
Individual			
Early initiation of substance use	Engaging in alcohol or drug use at a young age	X	X
Early and persistent problem behavior	Emotional distress, aggressiveness, and "difficult" temperaments in adolescents	X	
Peer			
Favorable attitudes toward drug, alcohol, and/or tobacco use	Friends and peers who believe using drugs, alcohol, and tobacco is okay	X	X
Peer substance use	Friends and peers who engage in alcohol or drug use	X	X
Family			
Family conflict	Conflict between parents or between parents and children, including abuse or neglect	X	X
Family management problems (monitoring, rewards, etc.)	Poor management practices, including parents' failure to set clear expectations for children's behavior, failure to supervise and monitor children, and excessively severe, harsh, or inconsistent punishment	X	X
Favorable parental attitudes	Parental attitudes that are favorable to drug use, and parental approval of drinking and drug use	X	X
School			
Negative school climates	School environments characterized by bullying/violence, low teacher–student connection, limited school belonging	X	
Availability of drugs	Sale and/or use of drugs at school	X	
Community			
High availability of substances	High number of alcohol outlets in a defined geographical area or per a sector of the population	X	X
Low neighborhood attachment	Low social cohesion in the neighborhood	X	
High poverty concentration	Higher concentration of lower income families	X	

Protective Factor	Definition	Adolescent Substance Use	Young Adult Substance Use
Individual			
Social, emotional, behavioral, cognitive, and moral competence	Interpersonal skills that help youth integrate feelings, thinking, and actions to achieve specific social and interpersonal goals	X	X
Self-efficacy	An individual's belief that they can modify, control, or abstain from substance use	X	X
Resiliency	An individual's capacity for adapting to change and stressful events in healthy and flexible ways	X	X
Family, School, and Community			
Opportunities for positive social involvement	Developmentally appropriate opportunities to be meaningfully involved with the family, school, or community	X	X
Recognition for positive behaviors	Parents, teachers, peers, and community members providing recognition for effort and accomplishments to motivate individuals to engage in positive behaviors in the future	X	X
Bonding	Attachment and commitment to—and positive communication with—family, schools, and communities	X	X

Source: Tables adapted from the Surgeon General's Report on Alcohol, Drugs, and Health (U.S. Department of Health and Human Services, 2016).

Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). Matt's father passed away 5 years ago, and Matt has grown up with his mother and three brothers in Denver's Montbello neighborhood.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61% are Hispanic, 24 % are African American, and 11% are White. There are an estimated 7,000 families, and over half of residents are under age 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% of residents live in poverty, compared to metro Denver's overall poverty rate of 12%. The neighborhood has no grocery store, 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 school students.

Like other families in the community, however, Matt's family is close with several of Matt's immediate neighbors, who have known each other for many years. The neighbors sometimes let Matt stay at their house when Matt's mom needs to work late at her job, which is not uncommon in his neighborhood. On Sundays, neighbors often gather at the neighborhood church where many are members.

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 on the corner or 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.

Despite Matt trying to stay out of trouble, after school is a rough time for him, as it is for many youth in the community. Many parents in the community work late, including Matt's mom, leaving Matt and other youth alone after school and into the evening. When Matt gets lonely or bored, he often meets his friends at the park or the nearby arcade, where youth have been known to get into trouble with gangs or drugs. Matt's friends have recently begun hanging out with older kids who are associated with a local gang. Many youth in the community, including Matt's friends, wear gang colors and steal things or tag public places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is afraid that he will get caught by police or his mom, Matt wants to fit in and belong. Several of Matt's friends are also struggling with these pressures.

As Matt is one of many youth in the community at risk for getting into trouble, many local policymakers and community stakeholders want to explore macro-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community. Montbello is just one of the Colorado neighborhoods struggling to prevent youth violence, gang activity, and drug use. As such, growing pressure is being placed on the state's legislature to respond.

Case Scenario Questions

After you finish reading the case study, partner up with 3–4 classmates to draft a letter to a policymaker to persuade them to take action on one (or more) modifiable risk and/or protective factors present in the case. Once you complete your letter, present it to the class. Then process the following questions as a large group.

- What was most the most persuasive aspect of these letters and most likely to prompt action?
- What resistance might you encounter from policymakers?
    - How might you overcome this resistance?
    - What other arguments might be persuasive?

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.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61% are Hispanic, 24% are African American, and 11% are White. There are an estimated 7,000 families, and over half of residents are under age 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% of residents live in poverty, compared to metro Denver's overall poverty rate of 12%. The neighborhood has no grocery store, 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 school students.

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 fights 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, surfs the Internet, and texts with a boy—Rich—she met at school this year. Last week, Rich came over after school even though her parents told her she shouldn't have anyone over when they aren't home. He smoked weed at her house. 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 local policymakers and community stakeholders want to explore macro-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community. Montbello is just one of the Colorado neighborhoods struggling to prevent youth violence, gang activity, and drug use. As such, growing pressure is being placed on the state's legislature to respond.

Case Scenario Questions

After you finish reading the case study, partner up with 3–4 classmates to draft a letter to a policymaker to persuade them to take action on one (or more) modifiable risk and/or protective factors present in the case. Once you complete your letter, present it to the class. Then process the following questions as a large group.

- What was most the most persuasive aspect of these letters and most likely to prompt action?
- What resistance might you encounter from policymakers?
  - How might you overcome this resistance?
  - What other arguments might be persuasive?

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.

Montbello was established 50 years ago and has nearly 35,000 residents. Of these, 61% are Hispanic, 24% are African American, and 11% are White. There are an estimated 7,000 families, and over half of residents are under age 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% of residents live in poverty, compared to metro Denver's overall poverty rate of 12%. The neighborhood has no grocery store, 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 school students.

Neighbors are close in Raleigh's community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends or playing soccer after school. His family meets up with friends at the only 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 became a target for harassment and bullying. Bullying is common in Raleigh's school; it didn't seem like a big deal to him until he was the target. 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.

As Raleigh is one of many youth in the community struggling and at risk for getting into trouble, many local policymakers and community stakeholders want to explore macro-level solutions to help youth who are experiencing these risks by developing prevention strategies to support youth and their families in the community. Montbello is just one of the Colorado neighborhoods struggling to prevent youth violence, gang activity, and drug use. As such, growing pressure is being placed on the state's legislature to respond.

Case Scenario Questions

After you finish reading the case study, partner up with 3–4 classmates to draft a letter to a policymaker to persuade them to take action on one (or more) modifiable risk and/or protective factors present in the case. Once you complete your letter, present it to the class. Then process the following questions as a large group.

- What was most the most persuasive aspect of these letters and most likely to prompt action?
- What resistance might you encounter from policymakers?
  - How might you overcome this resistance?
  - What other arguments might be persuasive?