

Prospectus Group, LLC. Presents: Shared Risk & Protective Factors Training

SUBSTANCE ABUSE and SUICIDE PREVENTION

JANUARY 26, 2021

10:00 AM

Housekeeping

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Technology Used in This Presentation

Zoom



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Content and Outcomes

This training will aim to:

- Help providers connect the risk and protective factors between substance abuse and suicidal behavior
- Identify evidence-based programs that address both and increase collaboration between sectors
- Build understanding that shared risk and protective factors can also impact sustainability by knowing where your goals/project fits in with other existing or potential initiatives in the community.

Risk & Protective Factors Defined

1. **Risk factors** are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.
2. **Protective factors** are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

Some risk and protective factors are fixed: they don't change over time. Other risk and protective factors are considered variable and can change over time. Variable risk factors include income level, peer group, adverse childhood experiences (ACEs), and employment status.

Provide an example of a risk and/or protective factor. You may abbreviate to RF and PF to indicate which factor.



Risk & Protective Factors List of Examples

Substance Abuse Prevention & Suicide Prevention Shared RISK Factors	Substance Abuse Prevention & Suicide Prevention Shared PROTECTIVE Factors
<ul style="list-style-type: none"> • Academic failure 	<ul style="list-style-type: none"> • A trusting relationship with a counselor, physician, or other service provider
<ul style="list-style-type: none"> • Aggressive tendencies or history of violent behavior 	<ul style="list-style-type: none"> • An optimistic or positive outlook
<ul style="list-style-type: none"> • Bullying, victimization 	<ul style="list-style-type: none"> • Childrearing responsibilities
<ul style="list-style-type: none"> • Family conflict 	<ul style="list-style-type: none"> • Coping and problem-solving skills
<ul style="list-style-type: none"> • History of trauma or abuse 	<ul style="list-style-type: none"> • Cultural and religious beliefs that discourage suicide
<ul style="list-style-type: none"> • Hopelessness, impulsivity, low self-esteem 	<ul style="list-style-type: none"> • Employment
<ul style="list-style-type: none"> • Mental illness and/or substance use disorder 	<ul style="list-style-type: none"> • Involvement in community activities
<ul style="list-style-type: none"> • Peer rejection 	<ul style="list-style-type: none"> • Perceiving that there are clear reasons to live
<ul style="list-style-type: none"> • Physical illness or chronic pain 	<ul style="list-style-type: none"> • Receiving effective mental and/or substance use disorder treatment/care
<ul style="list-style-type: none"> • Previous suicide attempt(s) 	<ul style="list-style-type: none"> • Resiliency, self-esteem, direction, perseverance
<ul style="list-style-type: none"> • Relational, social, work, or financial losses 	<ul style="list-style-type: none"> • Sobriety
<ul style="list-style-type: none"> • Social withdrawal 	<ul style="list-style-type: none"> • Strong family bonds and social skills

Individual and Environmental-Level Risk & Protective Factors

Individual

Individual-level risk factors may include a person's genetic predisposition to addiction or exposure to alcohol prenatally.





Individual-level protective factors might include positive self-image, self-control, or social competence.

Environmental

Environmental-level risk factors may include family, community and cultural influence that increase the likelihood of negative outcomes.

Environmental-level protective factors might include exposure to evidence-based programs and strategies, attachment and bonding to family, opportunities for prosocial involvement in community.

Which substance abuse and/or suicide risk & protective factors are you monitoring?

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.
<ul style="list-style-type: none"> • Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs <ul style="list-style-type: none"> • Economic disadvantage (not measured in youth survey) 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in the community <ul style="list-style-type: none"> • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none"> • Poor family management and discipline <ul style="list-style-type: none"> • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour 		<ul style="list-style-type: none"> • Attachment and bonding to family • Opportunities for prosocial involvement in the family <ul style="list-style-type: none"> • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Academic failure (low academic achievement) <ul style="list-style-type: none"> • Low commitment to school • Bullying 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in school <ul style="list-style-type: none"> • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Rebelliousness • Early initiation of problem behaviour <ul style="list-style-type: none"> • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour <ul style="list-style-type: none"> • Sensation seeking • Rewards for antisocial involvement 		<ul style="list-style-type: none"> • Social skills <ul style="list-style-type: none"> • Belief in the moral order • Emotional control • Interaction with prosocial peers



Shared Risk & Protective Factors Between Substance Abuse and Suicide

- Alcohol and drug misuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior (SAMHSA, 2008; IOM, 2002).
- Practitioners must be aware that individuals who make a suicide attempt are at considerable risk for repeat attempts and eventual suicide and that this risk may last many years (Knesper, AAS, & SPRC, 2010).
- People at risk for suicide and substance misuse share a number of risk factors that include depression, impulsivity, and thrillseeking/life threatening behaviors (Goldston, 2004).
- Because risk and protective factors for the two can overlap, prevention professionals need to be aware of them and to implement prevention programming that reduces risk and enhances protective factors within the population and in communities.

Substance Abuse and Suicide Prevention Professionals Shared Responsibilities & Opportunities

Substance misuse prevention and suicide prevention professionals each utilize a public health approach and, in so doing, have shared responsibilities and opportunities.

Both should:

- be informed about the many risks that affect the individuals and communities they work with
- learn about suicide and substance use disorders and how misusing substances can affect suicidal thoughts and behaviors
- identify opportunities to collaborate with the other to address their common goals, keeping in mind that substance misuse prevention is suicide prevention

What Should Substance Abuse and Suicide Prevention Professionals Do?

L earn	→	Learn who is responsible in your state or tribal organization
F amiliarize	→	Become familiar with prevention plans, strategies and programs
I dentify	→	Identify public health goals that you have in common with agencies, organizations and/or coalitions leading prevention efforts
L everage & Collaborate	→	Leverage each other's strengths and ask to partner with prevention agencies and coalitions
P lan & Implement	→	Plan and implement cross-training on the link between substance abuse and suicidality and the risk factors
E valuate	→	Use process and outcome data to evaluate and make the case that prevention works

Incorporating the Logic Model

An outcome based logic model for substance abuse and suicide prevention maps a strategic approach for addressing priorities in terms of three components:

1. A clear definition of problem(s) to be addressed (consequences and behaviors)
2. Risk and protective factors/intervening variables which have scientific evidence of contributing to the problem, and
3. Prevention strategies (programs, policies, practices) with evidence of effectiveness to impact one or more risk and protective factors/causal factors and/or the targeted problems.

Locating Evidence-Based Interventions

U.S. Department of Education - [Exemplary and Promising: Safe, Disciplined and Drug-Free School Programs](#)

U.S. Department of Justice, Office of Justice Programs - [Model Programs Guide](#)

National Institute of Drug Abuse - [Preventing Drug Abuse Among Children and Adolescents: A Research-Based Guide](#)

Substance Abuse Prevention Strategies - [Compendium of Model and Promising Strategies](#)

Evidence-Based Suicide Prevention Programs - [Suicide Prevention Programs \(Evidence-Based Guide\)](#)

Peer-Reviewed Journals

- American Journal of Public Health
- Journal of Addiction Studies
- Annual Review of Public Health
- Journal on Studies of Alcohol
- Preventive Medicine
- Journal of School Health
- Journal of Adolescent Health
- Journal of the American Medical Association
- Public Health and Research

Evidence-Based Programs that Address Substance Abuse and Suicide Prevention and Increase Collaboration Between Sectors

Strategic Planning Approach

Step 1. Describe the Problem and Its Context

Use data and other sources to understand how substance abuse and/or suicide affects your community and to describe the problem and its context.

Step 2. Choose Long-Term Goals

Identify a small set of realistic and achievable long-term goals (e.g., reduce the suicide rate among a particular group).

Step 3. Identify Key Risk and Protective Factors

Prioritize the key risk and protective factors on which to focus your prevention efforts.

Step 4. Select or Develop Interventions

Begin planning your approach by deciding which activity or combination of activities best address your key risk and protective factors.

Step 5. Plan the Evaluation

Develop an evaluation plan to track progress toward your long-term goals, show the value of your prevention efforts, and give you the information you need to refine, expand, or determine other next steps for your programming.

Step 6. Implement, Evaluate, and Improve

Implement and evaluate your activities, and use your evaluation data to monitor implementation, solve problems, and enhance your prevention efforts (SPRC).

Case Study Activity

Step 1. Describe the Problem and Its Context

Use data and other sources to understand how substance abuse and/or suicide affects your community and to describe the problem and its context.

Step 2. Choose Long-Term Goals

Identify a small set of realistic and achievable long-term goals (e.g., reduce the suicide rate among a particular group).

Step 3. Identify Key Risk and Protective Factors Prioritize the key risk and protective factors on which to focus your prevention efforts.

Instructions:

Attendees will be divided into two groups (Substance Abuse and Suicide Prevention). Consider each scenario and as a group, describe a hypothetical Steps 1-3 from the Strategic Planning approach. Lastly, identify the **shared** risk and protective factors for each scenario. Groups will select a spokesperson to report out.

Substance Abuse Prevention Group

The Substance Abuse Prevention Task Force was started by a group of concerned citizens a year ago at the start of the COVID-19 global pandemic. There were several incidents that caused concern, a sudden rash of overdose deaths including 2 teenagers from the local high school, 3 adults in their 20s and 30s and 3 adults in their 40s and 50s. The task force consists of 25 parents, a representative from the mayor's office, a pediatrician, several representatives from the Women's Guild (an organization for women over age 65), representatives from a Health Task Force serving the Latino community, local artists, a newspaper reporter, and youth from the local church youth group.

Suicide Prevention Group

The Suicide Prevention Task Force was started by a group of concerned citizens a year ago at the start of the COVID-19 global pandemic. There were several incidents that caused concern, a sudden rash of suicides including 2 teenagers from the local high school, 3 adults in their 20s and 30s and 3 older males in their 40s and 50s. There was also 1 teenage girl reported to attempt suicide. The task force consists of 25 parents, a representative from the mayor's office, a pediatrician, several representatives from the Women's Guild (an organization for women over age 65), representatives from a Health Task Force serving the Latino community, local artists, a newspaper reporter, and youth from the local church youth group.

Evidence-Based Programs for Substance Abuse and Suicide Prevention Shared Risk & Protective Factors

Model Adolescent Suicide Prevention Program (MASPP) uses a public health-oriented suicidal-behavior prevention and intervention program originally developed for a Native American tribe in New Mexico. The goals of the program are to reduce the incidence of suicides and suicide attempts by adolescents through community education about suicide and related behavioral issues that include alcohol and substance misuse.

Emergency Department Means Restriction Education is an intervention for adult caregivers of young adults or adolescents who are seen in the emergency department and determined through a mental health assessment to be at-risk for suicide. Parents and adult caregivers of these at-risk youth are taught to recognize the importance of taking immediate action to restrict access to alcohol, prescription drugs, and firearms in the home. Caregivers are given practical advice on how to restrict access to—or dispose of—alcohol and prescription drugs.

Coping and Support Training (CAST) is a school-based small group counseling program for at-risk youth that has demonstrated decreased suicide risk factors in adolescents. The program, offered through 12 55-minute sessions, can be delivered by trained teachers, counselors, social workers, or others with similar experience. The program is available from Reconnecting Youth, Inc., for a fee.

Shared Risk & Protective Factors Impact on Sustainability and Community Initiatives

Organizational Barriers

Organizational barriers to collaborating may exist due to each agency's unique and distinct mission and the structures in place for addressing its mission. Using an interagency approach to develop a comprehensive suicide prevention strategy, state and tribal governments can bridge organizational barriers, build connections among agencies, and facilitate collaboration.

Funding Barriers

Funding mechanisms are another potential barrier to collaboration. Federal funding, which includes Block Grants for both mental health and substance misuse and Partnerships for Success grants for substance misuse prevention (among others), is typically dispersed to a specific state agency or tribal government, which then provides sub-grants to community agencies or organizations, institutions of higher education, or tribal organizations. These funding streams may reinforce each agency's unique way of operating and fulfilling its mission. Formation of suicide prevention councils, coalitions, or work groups that bring together stakeholders across agencies and organizations can help to coordinate funding from different sources and promote collaboration to tackle suicide prevention activities. Such collaboration is likely crucial for effective, sustained, and comprehensive efforts.

Shared Risk & Protective Factors Impact on Sustainability and Community Initiatives

Philosophical Differences

Previously, substance misuse preventionists thought of suicide as a mental health issue that was best addressed through clinical interventions, especially for depression. Those working in the substance misuse field left suicide prevention mainly to mental health professionals. At the same time, mental health professionals were not always trained to work with suicidal persons who had co-occurring mental and substance use problems. However, as research began to show the multiple social and environmental factors affecting suicide risk, it became apparent that population-based strategies aimed at reducing risk and increasing protective factors were critical.

Additionally, risk and protective factors for both issues were found to overlap, and a risk factor for suicidal behavior included substance use and misuse. Working collaboratively across the mental health and substance misuse fields is therefore key to reducing suicide rates.

Lack of Information

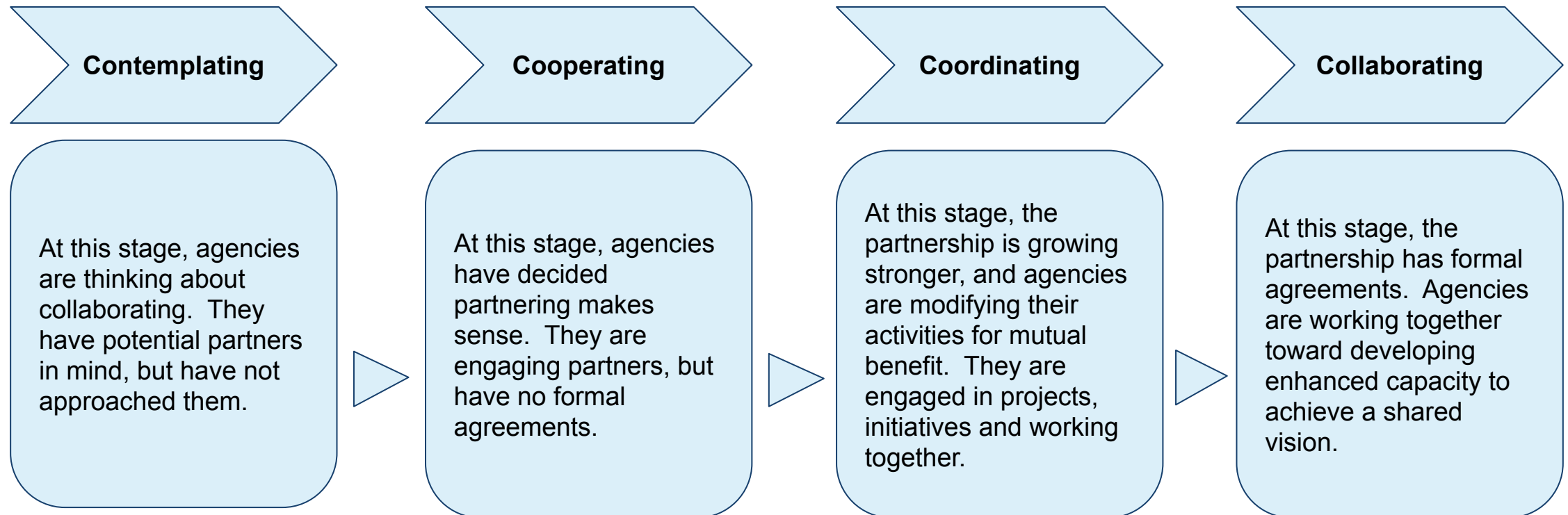
Reluctance to work collaboratively across agencies, departments, organizations, and professions may also be due to lack of information about the link between substance use and suicidal behavior.

Prevention professionals should be informed about the connections between suicide and substance use--particularly underage alcohol use, binge drinking, and adult alcohol misuse-- and be encouraged to work together on prevention strategies.

DISCUSSION: Provide an example of a barrier you have encountered and a solution to overcome.

Shared Risk & Protective Factors Impact on Sustainability and Community Initiatives

Collaboration Continuum



Collaboration Wish List Homework Assignment

Instructions:

1. Create a list of current collaborators
2. Create a wish list of collaborators

Questions?



Feedback Survey

<https://www.surveymonkey.com/r/FJMQ2SJ>

