

# Transcript of Opioid Awareness and Prevention: Protective Factors for Youth

Caroline Allen: Good morning everybody. Welcome to the Opioid Awareness and Prevention: Protective Factors for Youth webinar for 21st century community learning centers. My name is Caroline Allen and I'm the coordinator for the Pennsylvania Statewide Afterschool Youth Development Network.

I'd like to introduce to you today, our presenters. Our presenters are Stephanie Bradley, Director and Principal Investigator at the EPISCenter Organization and Geoffrey Kolchin, Program Analyst at the Office of Juvenile Justice and Delinquency Prevention. Stephanie and Geoffrey, welcome.

Stephanie: Thank you, Caroline. It's a pleasure for us to be here today to talk with you all about opioid awareness and prevention. We're looking at this as being sort of a part two of a first session that we delivered at the recent Yellow Conference in March. For anyone who attended that session, you'll see a few things that we covered in that session. But really, we wanted to focus today on making sure that we walk through effective approaches around prevention, around youth substance use and other problem behaviors, and then have some time to talk about and think about how the concepts and principles from prevention science can be applied in your after school programming activities.

So that's kind of where we're going to head today. And before I get started, do you want to say anything, Geoff?

Geoffrey: We really appreciate the opportunity and we look forward to provide you with some information about prevention, and hopefully with [inaudible 00:01:46], you and your fellow 21st century sites in the future.

Stephanie: Great. So, yeah. We're happy to be here and we're just going to dive right in I think. So when we're thinking about prevention, the field of prevention science has been around for about 40 years. Over that period of time, there've been a number of different types of prevention approaches that have been tried and evaluated and researched, and they fall into these four main categories of approaches. The first one here is really sort of an informational approach that is often about providing information on drugs, for example, prevalence of use. And very often as part of this informational approach is this sort of fear arousal strategy, which focuses on scaring young people into understanding the reality of certain problem behaviors like delinquency or substance use.

A second category is around moral appeals, which this really is about abstaining or strategies like just saying no, so this sort of sense that you should know better, and that's what you need to pay attention to.

A third category is around alternatives to substance use. So this is really about putting youth in a context and into environments where they are less likely to have access to substances. So this is really sort of about, not necessarily adding

any programming, but just placing youth in a different context to keep them away from perhaps troublesome peers. And fourth here is the psycho-social approach, which is really looking at social factors and psychological factors for substance use, looking at the kinds of social situations, where risk for use might come up and developing ways to train young people in the personal and social skills and peer refusal skills that are necessary for preventing their engagement in problem behaviors.

And so what we've learned over time here is that the first three of these approaches are not effective at preventing youth substance use in the long term. And in some cases, they can actually increase risk as opposed to simply not having an effect, they might actually cause harm. We will talk about those things a little bit more in just a minute.

So this is big picture, some of what we've learned through decades of prevention science research trials. And so with that in mind, we're going to talk a little bit more about what prevention actually is and we'll talk about effective strategies and principles. So this is an example of what we call the continuum of intervention. This one comes from the Institute of Medicine. And what you can see here is that from the left to the right hand side we're spanning a spectrum of upstream strategies in the promotion and prevention arenas, where we're really looking at delivering programs and strategies before problems occur essentially. So universal prevention is very often where we are trying to focus our efforts where universal programs are appropriate and relevant for all youth in a class, for example, all sixth grade youth or all school attending youth, something to that effect, or possibly a subgroup of all ... This program might be good for all female youth.

Selective programs are really focused more on working with youth and families who may be at elevated risk for problems but they are not symptomatic of having problems yet. So this might be young people who are living in homes where divorce has occurred. We know divorce can be a risk factor for certain problem behaviors, and in this case, a selective program would be for those kids who maybe have experienced divorce in the family, but they're not showing signs of problems in their behavior or in their emotions, whereas at the indicated level, this is where problems might be starting to manifest, but they're not deeply rooted yet or they might not be reaching clinical level. So you might be seeing some signs and symptoms of depression and anxiety, but they're not at a clinical level yet.

And so prevention, we really focus on this first half of this wheel here. And I just want to note for folks, the sort of dollar signs at the bottom of this picture here is that typically, promotion and prevention programs are much more affordable to implement, and they certainly generate more cost savings for taxpayers and better outcomes for youth and families and communities because we're preventing problems before they occur.

So here's another way to look at and think about levels of prevention where we essentially have a cliff in this schematic and people who are sort of very close to

the cliff in image B. And then in image C and D, you're seeing a person who's sort of at risk and then decidedly in risk falling off the side of the cliff and ultimately landing at the bottom there. So in image F, you see an emergency vehicle come into play to treat that individual person. In image G, you're seeing a safety net being installed at sort of this first level or this next level of risk. In image H, you're seeing then sort of a barrier to keep folks from falling over the cliff being installed. And in image I, you're seeing folks who are being sort of moved further away from that ledge. And so this is a nice analogy for that first wheel that I showed you with the different types of prevention and promotion.

So this is just a different visual to be thinking about how programs and strategies can be implemented in communities. So we're really focused, again, on this promotion and universal or selective aspects of prevention.

So when we're thinking about prevention strategies overall, one of the things that we know is really important to pay attention to is the data around what is actually going on with our youth. So this chart comes from the National Survey on Drug Use and Health, and it basically shows the average age at which people begin to use certain types of drugs. And what you can see here is that, you sort of see these earlier initiation drugs around alcohol, cigarettes, marijuana happening in the later teen years, and then initiation into harder substances beginning to come on board in the mid 20s, and these higher end heroin, methamphetamine and prescription opioids coming board in the mid 20s. So this sort of says to us there's a pathway of where young people are starting certain drugs. And what we don't really see in terms of averages, is people initiating in their middle school or high school years very much, the opiates.

And so this is important information for us to be thinking about and holding on to, particularly as it relates to prevention. So if we're not seeing high prevalence of use early on, that we need to be thinking about what are the risks currently with these young people and what can we do to deliver programs and strategies to continue to protect them as they mature into older adults. So not only do we have some data around when are people starting certain types of substances, but we also have data around what prevalence there is around substance use. So I know there's a lot going on in this chart and so we'll try to break this down just a little bit. We don't have to absorb all of this information. I think it's fine to let your eyes go fuzzy a little bit and see this big picture trends here.

So this is Pennsylvania youth survey data for students in grades six, eight, 10 and 12. And we have charted their past 30 day use of substances across a variety of substances here, so alcohol, marijuana, inhalants, cigarettes, chewing tobacco, vaping, steroids, prescription narcotics or opioids, prescription tranquilizers, stimulants and over the counter medicines. And what you can see here is that this data, which is Pennsylvania specific, really maps onto the slide we saw before around what are the most commonly used substances in this period of time, and you definitely see alcohol, marijuana, cigarettes, and vaping as being the highest prevalence for young people. And so we want to look at this data and have that help inform what our prevention strategies will be. So we see low prevalence of the opioids here. Not to say that that's to be ignored or that it's

not its own category of issue to be addressed. But where we see the predominant risk is around these other substances with a larger population of our young people.

So when we look at the research, we have been able to identify general patterns of substance use. And this is really around looking at, what are the ways that young people tend to use drugs? And across a variety of analyses, across different time periods of time, we can consistently identify about four patterns of substance use in kids. You have your non users who don't use any type of drugs or alcohol. You typically will see a category of kids who experiment with alcohol and that's usually it. You'll have your occasional multidrug users and that very often will be something like alcohol, tobacco, possibly marijuana, some combination of those three, typically not the harder drugs. And then you have your frequent multidrug users and that's where you see a much higher risk, where there's lots of hard substances being used very frequently, and typically you'll see that type of use increase at a pretty dramatic rate over the school years.

We also have been able to identify correlates of these patterns of use, which include antisocial behavior in early childhood, perceptions of whether using substances is hard, can be a protective or a risk factor depending on what they're perceiving, parental drinking in the home as well as pure substance use. Also, from other studies, what we've seen is that earlier, upstream externalizing behavior, later predicts cigarette use, which then predicts hard drug use. So we can begin to see there are some places and opportunities where we can be thinking about delivering effective prevention strategies through looking at these data and understanding substance use in kids.

So I'm going to turn it over to Geoff now to talk about the research around risk and protective factors.

Geoffrey:

Thanks, Stephanie. I think that was a really nice overview as to the field of prevention and kind of the role that all of us have in helping to give our kids the supports they need not to engage in these unhealthy behaviors. As you can see with the wheel that Stephanie mentioned, there is a great benefit in getting upstream. We've referred to our field of prevention as upstream or early prevention. So the idea is that the earlier you can put in supports for kids, the greater the likelihood that they will not engage in problem behaviors later in life. You saw that the opioids are not that large of an issue for kids still in school. We're seeing that the opioid issue really is more impacting young adults and then other various segments of the population throughout the lifespan. But what we're seeing through that data is that there is the initiation of these other substances.

So our view is that if we can get upstream and address those issues through prevention programs, then the likelihood that a young adult would face trouble with prescription drugs or heroin is quite diminished, and they're less likely to engage in those behaviors. So the ... There we go. The main source of data we use, we base our prevention programming selection around risk factors, which are factors that can increase the likelihood that a youth will engage in problem

behaviors, and then protective factors, which are people or other situations in a child's life that determine how they respond to those risks and can buffer them from engaging in negative behaviors, giving them the supports, as I mentioned, so that they do not start down the path that can eventually lead towards addiction to prescription drugs.

What you see here is a matrix that is at the basis of our prevention program. We support what's known as the Pennsylvania Youth Survey or PAYS, which provides this information that local communities and schools can use to determine which prevention programs they want to select and implement based on the needs and the risk faced by their kids. So going down the left hand side there, are the various risk factors. These are the causes, the underlying causes that can cause a kid to engage in the problem behaviors which you see across the top.

So the risk factors are broken into four different domains. There's factors in the community, the family, the school, and then the individual or peer domain as well. And the idea behind this is that a child is influenced by multiple different people in their lives, that's what's available in their community, either positively or negatively. How are their families? Is the family cohesive or is there a lot of family conflict? Are they engaged in school? Do they enjoy being there? Do they find that the school responds to their needs and helps them get a good education? And then how do they interact with their peers? And what are their individual characteristics? So every place you see a check mark means that there've been at least two research studies, randomized controlled trials that have shown a direct correlation between that risk factor and that problem behavior.

So if you look at the very top, the more available drugs are in a community, the higher the likelihood of children engaging in substance abuse or violence. For example, if you look under the family, you can see that the family management problems, a family conflict and family history of the problem behaviors increases the likelihood that a child will engage in all six of those problem behaviors.

One of the interesting things to think about though, are that there are multiple routes that need to be addressed to impact the problem behaviors that you see across the top; substance abuse, delinquency, teen pregnancy, dropout, violence and depression. So you can see that often, there are multiple causes that can lead to the same outcome. For example, you could see here for school dropout. These multiple risk factors can lead to school dropout. So if there's a family history of the parents, or grandparents, or cousins, or brothers dropping out, there's an increased likelihood that a child would drop out of school. Same with family conflict. If there's a lot of turmoil at home, the child may not be as likely to just stay in and complete their education. If they move around a lot, transitions and mobility, they're not tied to their school, they don't have those deep connections, they are more likely to drop out. Peer ATOD use. If they're hanging out with friends that are engaging in substance abuse, that may impact how well they do in school and lead to drop out. Early and persistent problem behaviors and youth rebelliousness, same types of things.

So the idea is that if you're looking to address ... If school dropout is one of the issues you're trying to address, there're multiple different risk factors that can increase the likelihood of that occurring. Likewise, a single cause, as I mentioned earlier, can lead to multiple outcomes. I highlight the family domain. So for example, family conflict, can lead to all the various problem behaviors. If there's a high level of conflict, there's an increased likelihood of a teenager getting pregnant, engaging in delinquent behavior, dropping out of school, engaging in violence or engaging in substance abuse. So the idea is that as you're working and thinking about your prevention strategies, it's not to focus on the outcomes, not to focus on the problem behavior. The idea, again, if we're going to keep using this word all day, is to get upstream, is to target those underlying causes. If you can reduce the risks faced by a kid, there is less likelihood they're going to engage in the behavior that you want to address.

I'm going to turn it back over to Stephanie to walk us through some more of the developmental aspects of youth.

Stephanie:

Great. So what Geoff just walked you through is really the basis of the social development strategy, which is listed in the middle of this slide here. There are multiple risk and protective factor frameworks that we can use to be thinking about targeting root causes of problem behaviors with young people. So I've tried to categorize them here across risk and protection and protection focused. And these are really included here for you all as resource to be thinking about, to possibly do some more digging into on your own time, but just wanted to highlight a few that are fairly predominant and have high quality research behind them, so understanding adverse childhood experiences. Certainly, there've been a number of studies around ACES and the types of outcomes that are associated with ACES, above and beyond the physical outcomes that were originally studied.

There're a number of also other outcomes that have been studied, particularly around young people in the last 10 years. Trauma is increasingly getting a lot of attention and focus in terms of understanding the role of trauma in development and outcomes as well as effective programs and strategies for addressing trauma. We'll focus more of our time today on social development strategy. So I'm not going to say much about that here, but looking also at resilience as far as risk and protection, understanding resilience being in some ways, a bit of everyday magic of growing up, that many of us are resilient by our own constitution and other positives that we've had in our life, but also resilience attends to the fact that in many cases there are uncommon outcomes for certain very adverse experiences.

And then looking into the protection side of things, the five C's of positive youth development. This includes things like character, confidence, caring, connection. And this really comes out of studies around for each and looking at how do positive youth development programs promote these five C's. And then some of you may also be familiar with the 40 developmental assets. So this is looking at a variety of types of assets that can exist across multiple domains in a young person's life. And so these are some frameworks that you can look into if these concepts are making sense to you and you want to explore a little bit further.

I want to touch on one thing briefly. Again, these slides are here for you as kind of a reference point. I'm not going to spend a lot of time on them. But one of the key things that we focus on in prevention is this concept of developmental cascades, or another way of thinking about it is around cumulative risk. So the idea here is that within prevention science and developmental psychology, we have these conceptual frameworks for how risk develops over time, across different periods of life. And so you can see that this maps out from infancy all the way through late adolescence, a variety of types of problems, and risks, and possible protective factors that can come on board at different points of time in life.

And so the way that we look at these, is to really say, okay, we see, for example, in early childhood, low parental warmth or sensitivity leads to low child ability to self regulate their emotions and their behavior. So we can identify parental warmth as a possible target of prevention with the idea that we're getting upstream of that child having low self regulation, which then leads to this cascade of other possible problems later on. It's not to say that early childhood is the only time that we could deliver prevention strategies. Certainly, each of these points in time is an opportunity to still deliver effective approaches before bigger problems take root.

So I've included a couple of other types of examples here. I think you'll see that consistently, there's components around parenting, there are components around what's going on in the peer group, or the social interactions as well as what's going on within the academic environment. So, like I said, I'm not going to spend a ton of time on this, but just want to make sure that we're thinking about, from a developmental perspective, around, we have opportunities and windows of time to work with young people across multiple phases of development and there are certainly opportunities to deliver strategies that can help them develop more protection in their lives and minimize risk.

So with that, I'm going to hand it over to Geoff to talk about reasons for use.

Geoffrey:

Great. Thanks, Stephanie. We talked about the idea about multiple domains in a child's life. So what we want to kind of walk through is what we learned about why kids may get into ATOD use, alcohol, tobacco, and other drugs, and how these various domains can influence the likelihood that a child would begin these substance abuse problems. So in the community, it's very easy to access alcohol or tobacco if there's not a lot of monitoring, if there's the bar that everyone knows that they'll serve anyone that has money, that's a problem. That increases the likelihood that they may start down that path. Laws and norms favorable to access and use depending how well the laws against underage drink are enforced can determine whether it's more or less likely that they'll begin to use alcohol.

Media representations. We're all aware of the impact that that media can have on kids' view as to what's normal, what's the proper way to behave. And this is everything from music, to TV, to movies, to social media. All this type of norming of behaviors that are problematic for youth makes it appear that that's the way

that everyone behave, so it increases, again, the likelihood. And few opportunities for pro-social involvement. If there's not a lot to do and kids are bored, we know that they try to fill that void with something. And too often, that something can be alcohol or marijuana.

So in the school domain, and this is one of the areas that we're so happy to be talking with this audience. You as afterschool providers really are a huge level of protection. You can offset a lot of these reasons that kids can engage in ATOD use. Ease of access/availability in school. Helping to set the standard that it's not okay, you do not bring alcohol, you do not get high before you go to class. Low monitoring. Helping them to understand that teachers and support staff are watching and reporting when they do engage in these behaviors, makes it less likely that they will do so.

School norms. One of the things we always like to highlight using the PAYS data is kind of the positive social norming of things. So if kids think the school norm is that everyone smokes marijuana, they're more likely to do it. So what we support through this positive social norming, is if your PAYS data says that 22% of students are reported using marijuana in their lifetime, you flip that on its head. What is the opposite of that? That means that 78% of the kids have never used marijuana. The norm is not to use it. So the more you can stress those positives rather than the negatives, that, "Oh, my gosh, 20% plus of our kids have used marijuana." If you can get kids to understand that most kids do not do that and that they are an outlier by engaging in that behavior, then that's a very good protection that you can provide.

And then few opportunities to pro-social involvement and unstructured free time. The whole concept, and probably not called anymore with the ... I grew up in the years of latchkey kids, or kids who are home by themselves afterschool for three, four, five hours till the parents got home from work without a lot to do. Idle hands can get you in trouble, as they often say. So that's where ... What we hope you take away from this is incorporating some of this upstream early prevention into the work that you're doing because you are so important providing these protections for youth to prevent them from getting themselves in trouble with substance use, or pregnancy, or those other problem behaviors that we identified earlier.

In the family, parental substance use or favorable attitudes. This can be something as simple as asking a dad sitting on the couch and asking their kid to go get them a beer out of the fridge, normalizing the fact that that's what you do, when you watch football, you drink beer. Access via the older siblings. We know that kids often look up to their older siblings, so they're going to model that behavior. Low monitoring or low boundaries. There's an ad campaign which I feel is very effective from the Liquor Control Board called "Parents Who Host, Lose The Most". Too often, parents have the idea that my kid's going to drink anyway, therefore, I'm going to let him drink in my house and not be driving or not be hanging out with bad friends. That's setting the pattern of behavior that can quickly grow out of control.

And then family conflict. The more insecure a child feels in their household, the more arguments or physical violence there is, the more likely they'll turn to these substances to kind of diminish the pain that they feel and the lack of closeness that they have to their family. And the peer domain, obviously if your friends are using, you're going to have access to these substances. So finding more positive role models, positive peer supports. Trying to appear more grown up, to fit in among your friends, and then doing it as a part of being part of a group, "Well, everyone else is doing it, so if I don't take a sip of this beer, then I'm going to be the outcast and everyone's going to shun me and not invite me to these gatherings in the future."

And then the individual. Stephanie mentioned earlier that there're certain drugs that if you've used them in the past, you're more likely to engage in other drug use. Poor social skills. Using substances to try to offset the [inaudible 00:31:16] of the awkwardness of the adolescent years. Coping and self harm. Again, this relates back to the idea of trauma that they're trying to get through depression or overcome traumatic events in the past, say the loss of a parent, those sorts of issue issues. Curiosity or experimentation. Kids see their parents, their older siblings engage in this. They want to see why these substances are so frequently used by adults. Magical or invincible thinking, I'm indestructible, I'm 16. I've got my whole life ahead of me. Having a couple drinks isn't going to harm me. And again, self medication. If you're depressed, if you're anxious, you may think that taking a couple of drinks of alcohol every single night to kind of take the edge off, to make it not hurt as much is a problem that can also be addressed.

And then one slide we always like to show is this idea about adolescent brain development. You can see that the red line is the level of sensation seeking, how much stimulation a child is looking for. And this peaks around the age of 16, 16 and a half, 17 years old. And again, this is the idea of feeling indestructible that, "I want to get as much out of life as I possibly can. There's so many things to experience. I'm going to take risks because it's not going to happen to me. I'm a successful young adult and I can handle whatever comes at me."

At the same time, you can see the blue line, which is the level of impulse control that a youth has, which really doesn't start to intersect with that part of the brain that is looking for that sensation until the early 20s. So when you see kids acting, for lack of a better term, idiotic, even in college, this is why. The brain has not caught up yet. We often think that kids are grown when they're grown once they graduate from high school and they're off to school to college, or trade school, or get a job, but they really have not until their early 20s, which is why it's important to get upstream to target these sorts of behaviors as early as possible to hopefully prevent them from engaging them later on in life.

I'm going to flip it back over to Stephanie.

Stephanie:

Great. Thanks, Jeff. So hopefully that tour through the risk and protective factors for substance use gives you all an idea of why some of those strategies that we've explored in prevention science were not effective, why reasons to kids' use are very complex. It's not typically just because they don't have enough

information, they're not scared enough. There are a lot of things going on in young people's lives at a lot of different levels. And so we know we need to have pretty strong and sophisticated methods for helping them navigate through risk, whether it's about substance use, or delinquency, or a coping and those kinds of things. So that's what we're going to turn to next in terms of understanding what does and what does not work with a little bit more detail.

Let's see. Sorry. Here we go. So EPISCenter and PCCD, we spend a lot of time working with policymakers and communities around understanding evidence of effectiveness and we find this to be a pretty helpful continuum for mapping out how to understand evidence. So you'll see this arrow at the top going at both ends of it. We're very confident in the evidence that we found and we're looking at the spectrum from programs that have been proven through science to be either harmful or ineffective all the way to showing some promising results, we're really showing very strong results of effectiveness. And in our work across Pennsylvania, we see a lot of what we call pitfalls around understanding and using evidence.

So the first that we see quite a bit is believing a program or a strategy is effective without actually having the data to support that belief. So you might see a program claim to have saved tens of thousands of lives when they've never actually measured anything remotely close to that. So we need to be careful that when we're thinking about evidence, what is the actual evidence for that program or strategy being effective? Second, we see mistaking the liking of a program with the idea that it's actually making improvements in young people and in their families. So it's incredibly important that our participants enjoy the programs that we're delivering and the services that we're delivering. That's not at all the same thing as actually developing a skillset for them or helping them build a knowledge base around risk or effective parenting strategies. So we need to make sure that we're really clear in our thinking about that.

Number three here, we see quite a lot, especially as it relates to the opioid issue, is this really doing something to fill a need without really looking to the research to guide what that something should be? So yes, it's important to be active and responsive, and it's also important to look to what does the science actually tell us about certain strategies and programs. Fourth. So we know that programs can be harmful or ineffective. We also know there's not an EVP or evidenced based program to fill every need. So communities certainly do develop their own programs, but we often see that that's done without a commitment or the capacity to evaluate those programs. But that evaluation is going to be important if we don't have an evidence base for it already in the science. And we also know that programs can be harmful or increased risk. Last is around adopting an evidence based program. So this might be getting the curriculum or the training, but then not really implementing that program with quality or fidelity which, at that point might just be a waste of resources.

So a couple of examples here just to illustrate the point around harmful and ineffective programs. This is a table that shows the results of 25 years of essentially, the Scared Straight program. And what you can see is that for young

people who were given the tour of the jail, their recidivism rates were actually much higher and much worse, the young people who did not get the tour of the jail, and you'll see that that's consistent across the country and across years. And so we have substantial evidence around how actually damaging the programs can actually be. So after this many decades of research and this consistency, we really don't recommend these types of Scared Straight approaches where you're scaring kids into the reality of understanding of what the risk is.

Here's an example of an evaluation of the original D.A.R.E. program. These findings come from Pennsylvania implementations of D.A.R.E., although many other studies on D.A.R.E. outside of Pennsylvania show results consistent to these findings. So the blue bar is students not receiving any type of substance use programming, white is the implementation of D.A.R.E., orange is D.A.R.E. plus another program, and the hash bar chart is something other than D.A.R.E. And essentially what you see here is that using D.A.R.E. was about the equivalent of doing nothing and that the program that did the best were these other programs, and then in combination with D.A.R.E. really drew down the effectiveness of that other program.

So we have examples around programs that don't work and programs that can cause harm. And so when we come back to thinking about this continuum, there are very real possible consequences around understanding evidence and using evidence. And so this is around really not delivering what's needed by the community, potentially increasing risk and poor outcomes for children and families, obviously, undermining trust and confidence in services and wasting resources. So none of those are things that we really want to actually cause.

So if we dig into what are the characteristics of what actually works in prevention, here's what we know across all different types of studies that effective prevention programs work by improving knowledge, beliefs and attitudes and skills, and we call this the trifecta of prevention because no single one of these aspects is sufficient in and of itself to produce longterm protection and strengths in young people. They need to have the knowledge, factual knowledge about risks of substance use or certain behaviors. We also need to work with them on their beliefs and attitudes around engaging in those problem behaviors, so reducing their intentions to use, for example, while also complementing that with actually helping them develop the skills to not engage in those behaviors to successfully navigate through complex and difficult situations.

Other characteristics of effective programs include using strengths-based approaches, so really identifying strengths that exist within the individual, the peer group, the family, the school, the community, and so on, and building on those strengths as opposed to highlighting vulnerability and weakness and those kinds of things. We want to keep our young people in our families focused on the road ahead of them and not the ditch. They incorporate interactive and hands on activities. They either will incorporate multiple contexts of developments, so that this goes back to school, family, community. They're either helping that young person figure out how to better interact with those contexts within the school, the

peer, the family, or they are in some way, that program is actively incorporating more of the community or family within the program itself.

And last but not least, we need to have enough time in terms of weeks and hours to have impact. So we talked about the complexity of why young people use. So they really need the opportunity to listen and learn. They need the opportunity to practice what they have learned and to come back to a teacher or a program coordinator and sort of say, hey, I tried this or I had this experience. I practiced my refusal skill out and it didn't work or I wasn't sure what to say or what have you. So we need to allow enough time and opportunity for that.

So when we think about targets of prevention that sort of aligns with what I was just saying, we can think about this as circles of protection around the young person that can be built and strengthened at the community level, the school level, within the peers and the peer group, peer norms, within the family, ultimately all wrapping around the individual. And so, as you're thinking about your efforts, you might be thinking about which one might be best suited to take on and build some strategies into.

So with that, I'm going to hand it over to Geoff.

Geoffrey:

Thanks, Stephanie. And that's a very interesting thing to think about the role that you all play, is that you're able to work across all those various domains. You can make tie ins to the community [inaudible 00:43:25] to have positive, pro-social activities advertise themselves for the kids in your afterschool program. You could obviously have the time of the schools, you work with the families. You can help relay some concerns or troubles that that a child may be having that the parents may not see. You can help provide positive peers. And then you can help the child build resiliency and strengths within themselves. So we hope that, that as we're going through this that you're thinking of some ideas about not changing what you're doing, but how you can incorporate some of these principles, these ideas to make what you're doing stronger and more beneficial for the kids and families you work with.

One of the areas that that we really base a lot of our work on is what's known as the social development strategy. This was developed by the University of Washington's social development research group, which is pretty much the epicenter, for lack of a better term, of prevention. They've been kind of leading the way in prevention science for four decades now. And they came up with this model about how you can really strengthen the likelihood that a child is going to grow up into a healthy adult. And so their model starts off with opportunities. You want to give a kid pro-social opportunities. You want to fill that void, like I mentioned before, with things that are positive that they will enjoy to do. You want to give them the skills to take advantage of those opportunities. An opportunity could be joining a little league team and the skills are working with the child to help improve their hitting or their base running.

And then you want to give them recognition. It's always important to recognize when a kid's doing good. Many of the prevention programs we have, have that as

a mantra, catch your kid being good. It's not a matter of scolding them or disciplining them as much as it is, hey, that's a good job. You did really well. So with those, with this, giving the kid opportunities, giving them the skills, recognizing when they do well, and then building on the individual characteristics of each kid because we know not every child is the same or has the same strengths or interests, it increases the bonding that a child has with all four domains. They feel closer to their community, they feel closer to their family, they feel very close to their school, and they're close to their friends and feel good about themselves. And then if the community provides clear standards as to what they see as right and wrong, it leads to those healthy behaviors. Because of that bonding and the clear standards, they're going to want to do well, to be successful. So this leads to either pro-social or antisocial behaviors.

One important thing to highlight is that this entire model, if it's done in a positive way, leads the pro -social behaviors. But for many kids that don't have these supports, don't have these protective factors, don't have schools or families or friends that care about them, this whole process can work in a negative way. We always talk about the issue of gangs. Well, what gains do is this exact model. They give kids opportunities, they give them the skills, they recognize them, they build on the individual characteristics, the kids get bonded to the gang as their family, they have the standards of expected behaviors, and that leads to antisocial behavior. So it's very important to understand that this is a very simple model, but it can be done by every organization, every person that works with kids to get to those pro-social, to help them avoid the risk and problem behaviors that can lead to the antisocial behavior.

So we just want to kind of walk through a couple of examples real quick across domains. So for example, in the family domain, the opportunities could be a discussion of family values, a conversation that you have about what's important to the family, what do the kids think it is important? What does mom think is important? What does dad or grandma think is important? It could be things like honesty or hard work, but it's the values that are important to the family that everyone discusses. The skills would be understanding what the values are and embodying those in the kids, helping the kids understand to practice values every day, learning that values are underpinning of who you are, not things that you like or things that you need. It's not a matter of, well, we need to have food on the table. It's how you choose to live your life. And that's what these discussions can develop those skills to help the kid embody those in their day to day actions.

And then recognition. I mentioned the catch your kid being good. When you see your child doing well and following those values, when they do the hard work, they do the honesty, "I'm the one that broke the lamp." That's honesty. That's what you've taught them how to lead their life. So acknowledging that and reinforcing the positive is very important and can improve the outcomes for a kid in the family.

In the school domain, the opportunities could be providing leadership opportunities for youth who are not natural leaders. Kids who may be a little shy or a little quiet. One of the programs that we support with funding through PCCD

is called promoting alternative thinking strategies. Excuse me. In this model, they pick a kid to be a student of the day. It rotates throughout the entire class where that student helps teacher with passing out papers and collecting papers, whatever the case may be, and the rest of the class tells that kid something that they like about them. So it makes them feel good, makes them feel special and bonded in those pro-social activities. For older students, this could be developing a new club, or a new project, or a new policy, getting involved with the day to day improvement of the school climate and the overall school welfare.

The skills would be learning about equity, negotiating, teaching the kids how to hold leadership position, what it means that if you're a leader, you're looked up to by your fellow students, so you need to treat people with fairness. And then how do you resolve conflict? Teaching kids how to be a leader means that you don't always get your way, but you can help negotiate to find a solution that works for everyone. And then the recognition area would be where the teacher and fellow students would recognize the actions taken by that student. The success of establishing a French club, let's say in high school that wasn't there, that student would be recognized at the end of the year as a student leader in front of their peers.

In the community domain, just real quickly, basically giving them opportunities to work in community projects to help beautify their community, help pick up litter, painting murals, and having youth work directly with adults in the community and giving them the opportunity to learn from their elders who have more experience, have been through many of the issues and struggles that those kids might have had. So the skills would be the actual work on the project or the opportunity to talk to these adults, and the opportunity to go back and forth, having the adults listen to them, to ask them questions as well. And the recognition could be a letter from the mayor thanking them for participating in the cleanup of the park so that everyone can enjoy it, or a group photo with everyone that participated in that cleanup with all the bags of trash they collected, and just that thank you for caring about your community and being a part of a pro-social advancement of life where you live day in and day out.

I'm going to turn it back to Stephanie. Just talk a little bit about EVPs, evidence-based practices in afterschool.

Stephanie:

Thanks, Jeff. So we're sort of winding down here and these are slides that I have borrowed from the Casel website that I thought also, if you all had not seen some of this before, that this might also be some helpful information for you all for thinking about building effective strategies into your afterschool programs. There are more slides than this out there. I just pulled a select few here for sharing. So essentially, these researchers have identified what they call SAFE, which I will share in just a moment, but we're starting with the lead here, which is essentially that afterschool programs that have certain characteristics of providing structured and active skill building had improvements across a number of areas around how children perceive themselves, how bonded they are to the school environment, what kinds of positive social behaviors do they have, as well as on the flip side of the coin in terms of problem behaviors and lower levels of substance use.

I also identified a number of improvements in terms of school performance across attendance and grades and test scores. And so essentially, what you can see here is that when afterschool programs were categorized by whether they had these quote "safe" features versus other programs, you'll see that the use of these safe principals was very directly associated with effectiveness of those programs, whereas the programs that didn't incorporate those principles were not effective across any of these outcome areas. So they basically just summarized that their in terms of use of safe is associated with effectiveness, where those that didn't have it were not.

And what is safe? Safe is about using sequenced activities for teaching skills. So this is very much in line with the concept of scaffolding, where you want to think about where that young person is at in terms of their ability to understand what you're trying to teach them and helping to build their skills over time in a specific sort of methodical manner. So this might be something like baking cookies. You're going to want to break that down into smaller components of skills and certainly they go in a certain order, and so making sure that we're walking young people through that sequence to help them build skills.

Active learning for practicing those skills. So this gets back to some of the things we talked about earlier, about opportunity to really try on the things that we're trying to teach them, the opportunity to make mistakes, the opportunity to learn from them and to try again, so lots of active involvement as opposed to lecture and just an educational informational focus. So this sort of ties in obviously to this focused time on skill development. I think the point here is to be intentional about spending that time. Of course, it may be sort of baked into your process or what have you, but really saying, "Okay, now we're going to practice. In the next 30 minutes, we're practicing and that's all we're doing. And it's fine if you get it wrong and it's fine if you get it right, we're just practicing." But helping them understand that this is the time to do that, we're creating that space.

And then obviously the E is standing for explicit targeting of specific skills. So this can be other things like emotional skills. So we want to learn how to identify and name our emotions. So we're going to talk about that explicitly and that's the specific skill. We're identifying our emotions, we're learning words to talk about our emotions, and maybe we're learning appropriate behaviors that go along with certain emotions. And so as afterschool programs incorporate each of these aspects very intentionally and explicitly, the more likely you are to have those positive outcomes that we started out with here.

I think that concludes the content portion of what we put together for you all today. And then I think at this point we are happy to answer any specific questions about what ... If you have ideas around how to apply this and want to just sort of talk it through a little bit, or ask specific questions about certain things that you are doing or that you're thinking about doing, this would be one of the times and opportunities to do that.

Caroline Allen:

Yeah. Hi, this is Caroline. Don't forget, please, type your question into the chat box and we'll be happy to answer that for you. One thing I want to mention too is

one of the points that you had before was on absence and part of Pennsylvania's Every Student Succeeds Act's application was for school districts must look at chronic absence, which is 10%, for any reason, even including vacations, is an indicator for school districts to take a look at what's going on. Now, that will be coming. This is the first year of the implementation, I believe. So, any questions, folks?

I now have one more thing I'll share with you too. One thing that I tell people when I do family engagement, whether webinars or whatever, what industry recognizes that brain is not fully developed until at least age 25? So think about that. And I'm looking at Jeff and I'm looking at Stephanie to see if they know what industry recognizes that and implements it pretty harshly. And the answer that question is the car rental industry. They will not rent a car, or if you are under 25, they make you pay.

Stephanie: That's right.

Caroline Allen: So that's one of ... I think is really interesting and solid proof that it is true. So do you have any final comments?

Geoffrey: Yeah. We, again, appreciate the opportunity to speak with everyone today. We are available. If you do have questions, follow up, you see our emails here. I'm with the Commission on Crime and Delinquency and Stef's up at Penn State. But our roles here are to help kids and families in Pennsylvania, and we've chosen to do that through a variety of prevention strategies that we'd love to discuss with you. If you have ideas that you'd like to bounce off of us, we'd more than happy to. I mentioned the Pennsylvania Youth Survey earlier, the PAYS data for 2017 was just released last week. We had 379 school districts participate in that. Those reports would have gone directly to the superintendent. So I would suggest, do get a copy of that report from your super and take a look, and then you can see what the local issues are that are being faced by your kids that you may want to work on some ideas to target with some of your afterschool programming.

Stephanie: Great. And I think just my final thought is that, I know that our title is really around opioid prevention and I hope that our message throughout today has been clear just in terms of understanding that we don't necessarily need "opioid prevention program", and so I hope folks don't feel like we didn't talk about that, but the idea was really understanding that there are a number of issues that precede opioid use. And so hopefully, we've helped you to sort of focus in on that and understand that when you're focusing on risk and protective factors, you're really building the possibility of preventing early substance use as well as that pathway to the opioid use potentially later. Certainly not to say that educating around opioid risk is not important because it is, but in terms of the proportion of what you focus on, really the biggest benefit is going to be focusing on that upstream prevention strategy, as opposed to spending a bunch of time on the opioid issue per se. We need our young people to have those skills from a prevention perspective. And then certainly, identifying youth who may be indicating or showing symptoms of problem behavior, that those are really going to need more

of an intervention or a treatment strategy, which is in a somewhat different space. So just wanted to add that.

Geoffrey: Stephanie, [inaudible 01:00:56] for the EPISCenter?

Stephanie: Sure, yeah. So on the EPISCenter website, which is [episcenter.org](http://episcenter.org), we do have a number of materials and resources out there both for evidence-based prevention programs that span pre-kindergarten through high school. So if you are interested in partnering with the school or looking at what effective prevention strategies look like, we certainly have a number of resources out there for you to look at for understanding those programs. We also have a map to all the different communities, the coalition sites that we work with, and those would be excellent partners to connect up with around effective prevention strategies. So there may be a coalition that's working in your area that you could connect with to coordinate and strengthen your prevention activities.

And then last but not least, we do have a newer page that has opioid resources specifically for parents, for service providers and for policymakers. And so if you're interested in helping parents, for example, understand how to talk to their preschooler about health behaviors, which are going to precede substance use issues, we have materials and resources out there around that, as well as larger federal and national publications for policymakers to understand what are think tanks in research institutions and foundations recommending as far as strategy of federal and local strategies around preventing the opioid issue and addressing it. So lots out there and we're always happy to be a resource. So please, feel free to reach out.

Caroline Allen: [inaudible 01:02:37]. Thank you Geoff and Stephanie for your wonderful presentation today. I know I learned a lot and it's a great audience, and I thank all of you out there working in the afterschool field because you are already helping to prevent opioid dependency. So thank you again and have a wonderful day.