Evidence based prevention

The full presentation

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STATE AGENCY FOR PREVENTION OF ALCOHOL - RELATED PROBLEMS
Warsaw, Poland

Prevention?

Examples?

Prevention

- The action of stopping something from happening or arising (Oxford dictionaries)

Drug use prevention

- Evidence-based socialization where the primary focus is individual decision making with respect to socially appropriate behaviors.
- Its aim is not solely to prevent substance use, but also to:
  - delay initiation,
  - reduce its intensification or
  - prevent escalation into problem use.
- Socialization is a process of transferring culturally acceptable attitudes, norms, beliefs and behaviors and of responding to such cues in an appropriate manner with adequate impulse control. (EMCDDA)

ნარკოტიკების პრევენცია

Drug use prevention

- მტკიცებულებებზე დაფუძნებული სოციალიზაცია, სადაც ძირითადი ყურადღება გამახვილებულია დამოუკიდებლად მიღებულ გადაწყვეტილებაზე სათანადო სოციალურ ქცევასთან დაკავშირებით

- მისი მიზანი არ არის მხოლოდ ნივთიერების მიღების თავიდან აცილება, არამედ:
  - დაგვიანებითი დაწყება,
  - სიმძიმის შემცირება
  - პრობლემის ესკალაციის თავიდან აცილება.

- სოციალიზაცია წარმოადგენს კულტურის სპექტრში მისაღები დამოკიდებულებების, ნორმების, შეხედულებების და ქცევების გადაცემის და ასევე ამ ნიშნებზე სათანადო გზით, იმპულსების სათანადო კონტროლით რეაგირების პროცესს. (EMCDDA)

- Evidence-based socialization where the primary focus is individual decision making with respect to socially appropriate behaviors.

- Its aim is not solely to prevent substance use, but also to:
  - delay initiation,
  - reduce its intensification or
  - prevent escalation into problem use.

- Socialization is a process of transferring culturally acceptable attitudes, norms, beliefs and behaviors and of responding to such cues in an appropriate manner with adequate impulse control. (EMCDDA)
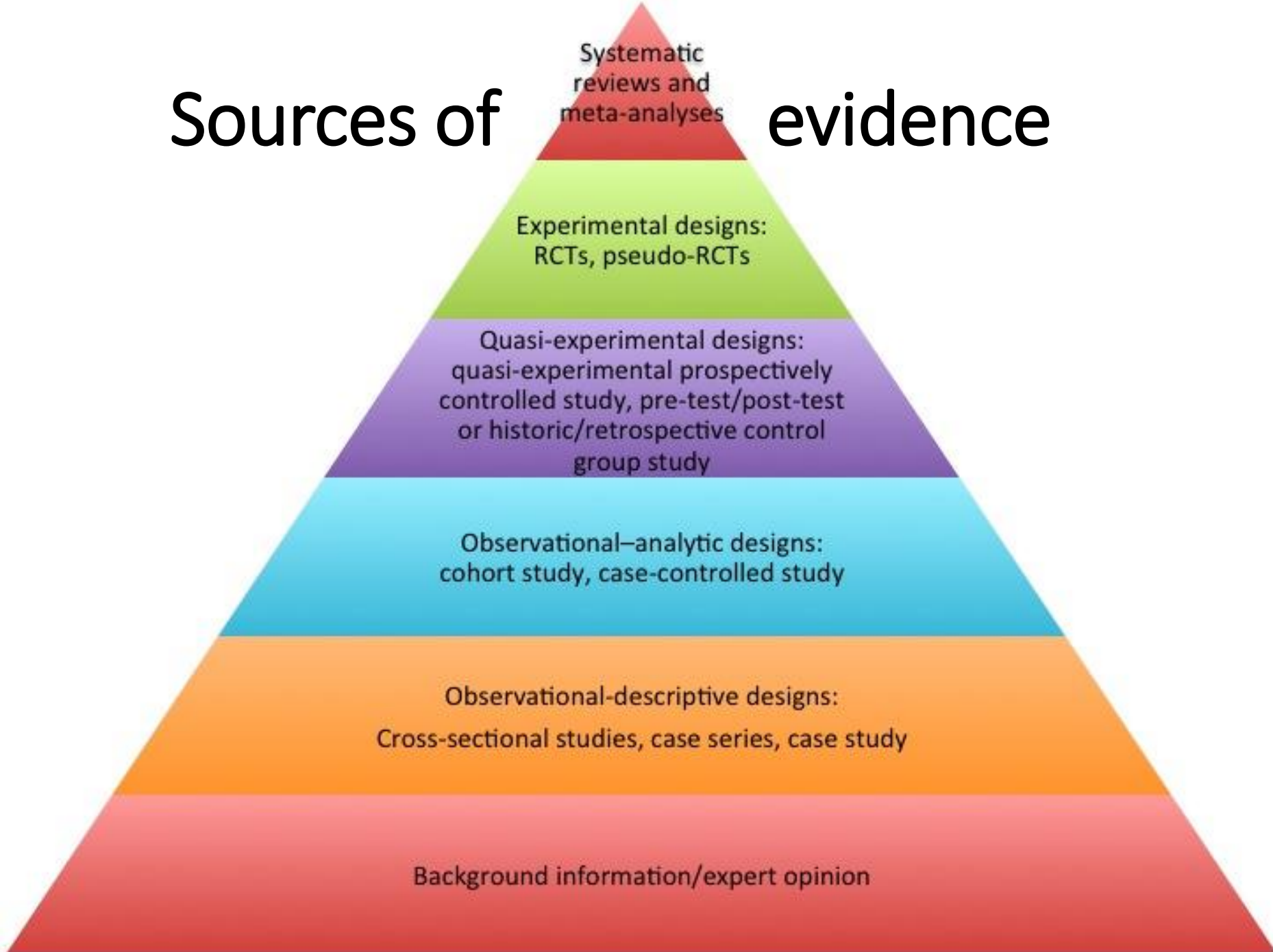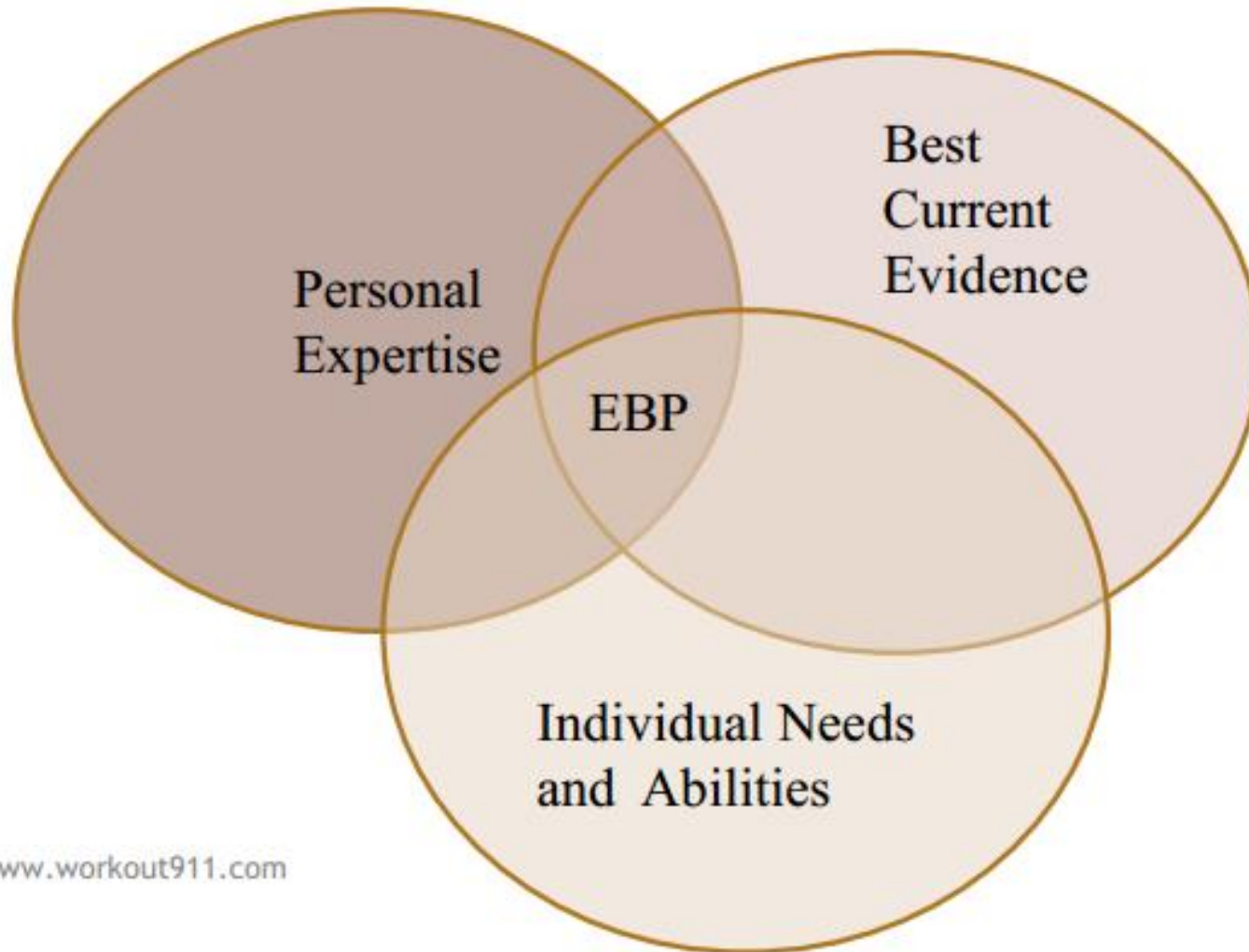
Quality of evidence
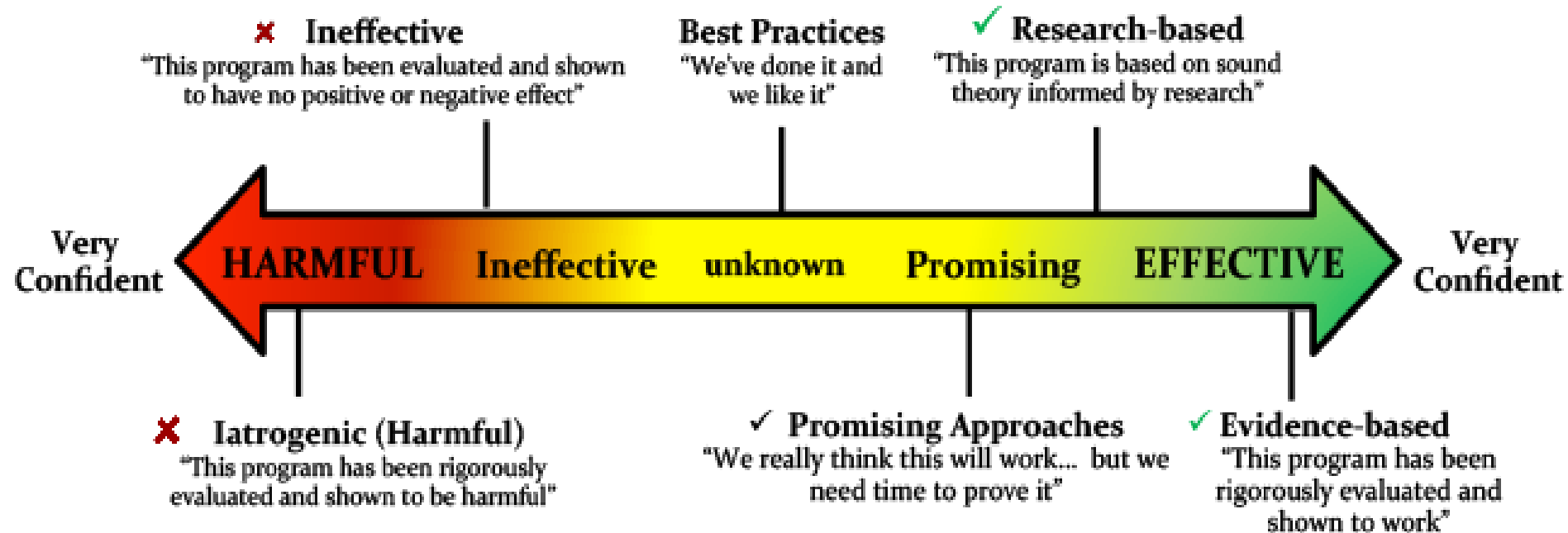
Moore, J. E., Bumbarger, B. K., & Cooper, B. R. (2013). Examining adaptations of evidence-based programs in natural contexts. The J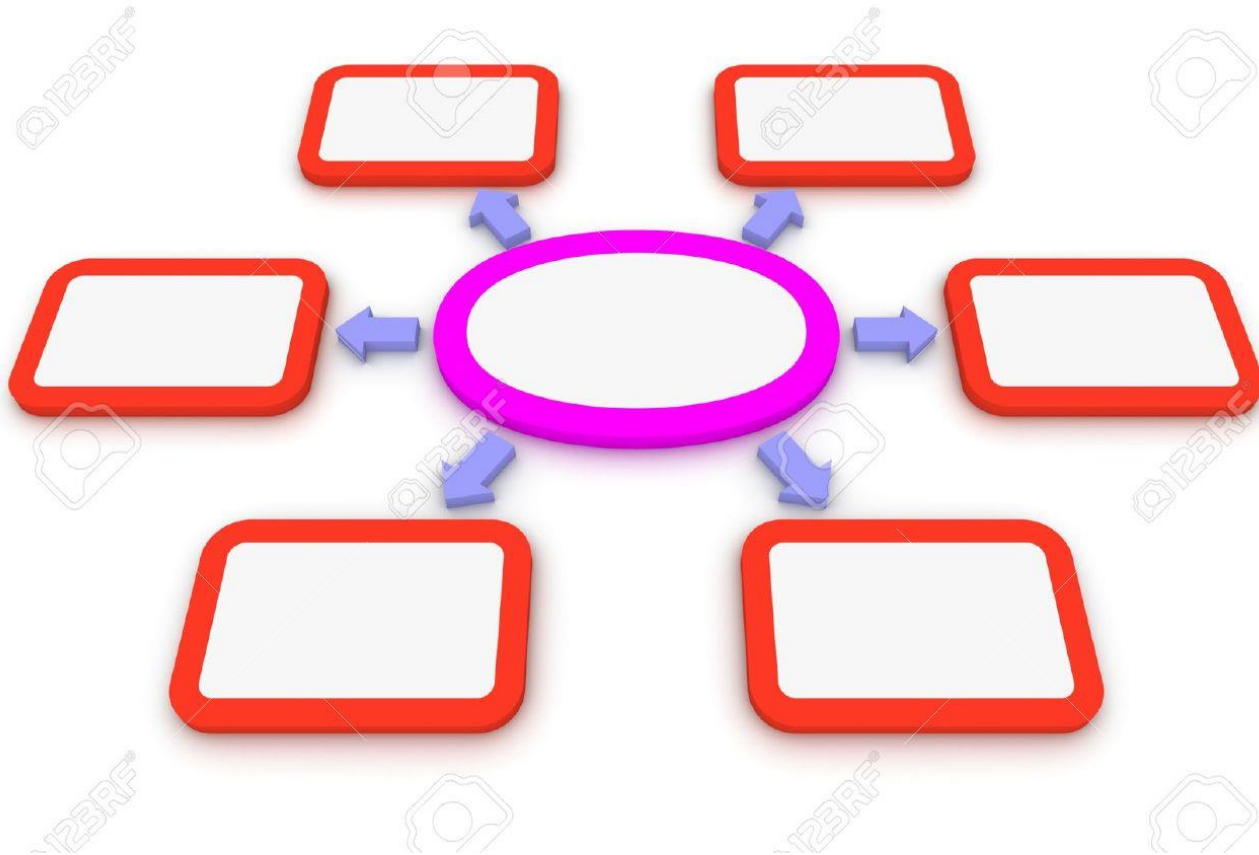ournal of Primary Prevention, 34(3), 147-161. Retrieved from http://link.springer.com/article/10.1007%2Fs10935-013-0303-6

Sources of evidence

Systematic reviews and meta-analyses

Experimental designs:
RCTs, pseudo-RCTs

Quasi-experimental designs:
quasi-experimental prospectively
controlled study, pre-test/post-test
or historic/retrospective control
group study

Observational–analytic designs:
cohort study, case-controlled study

Observational-descriptive designs:
Cross-sectional studies, case series, case study

Background information/expert opinion

evidence-BASED practice is not evidence-ONLY practice

Evidence based prevention.
Classifications.

Biomedical, traditional (since 1957)

Tertiary (FEW)
- Reduced complications, intensity, severity of current cases

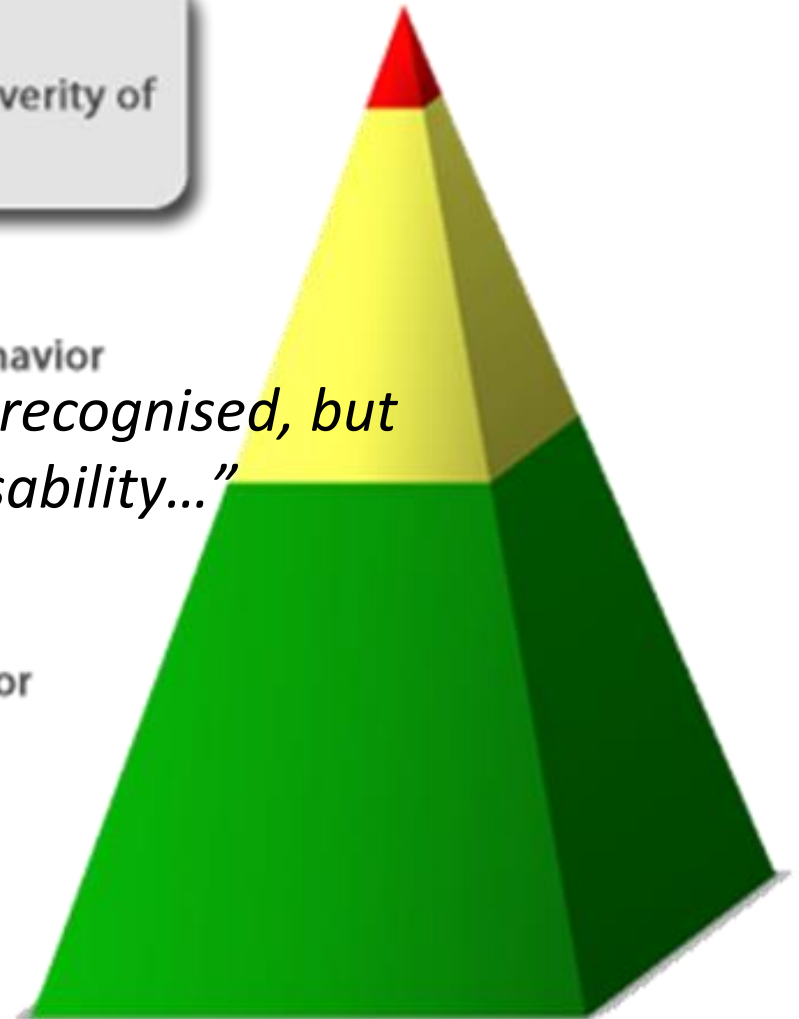**Secondary (SOME)**
- Reduce current cases of problem behavior

"…practiced after the disease can be recognised, but before it has caused suffering and disability…"
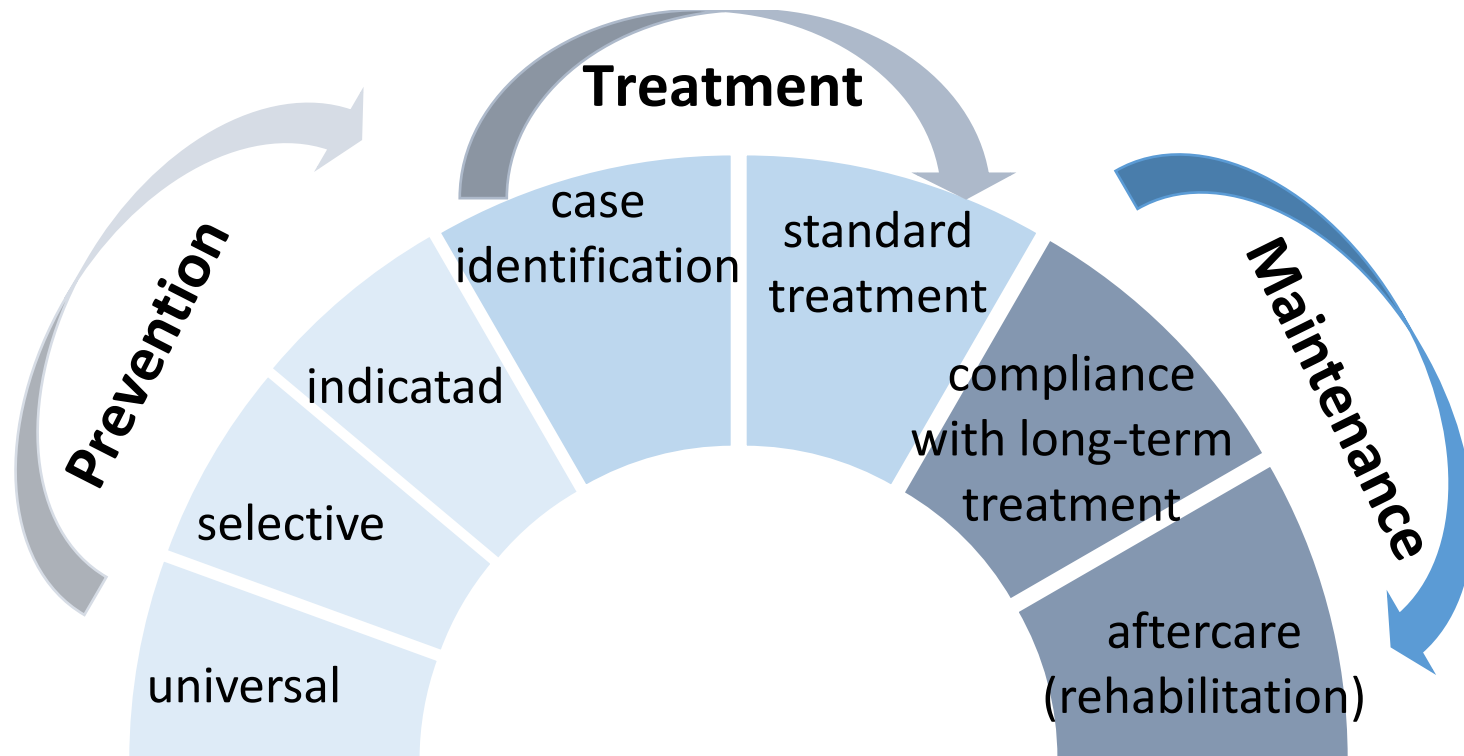
Primary (ALL)
- Reduce new cases of problem behavior

"…practiced prior to the biologic origin of disease…"

Commission on Chronic Illness, 1957

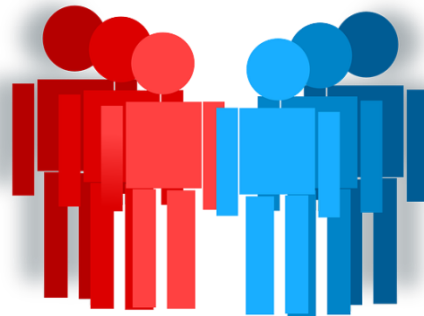# Social, currently used (Mrazek & Haggerty, 1994)

Mrazek P.J., Haggerty R. (1994) Reducing risks for mental disorders. National Academy Press, Washington, D.C.

Universal prevention

Targeted to the general public or a whole population group that has not been identified on the basis of individual risk
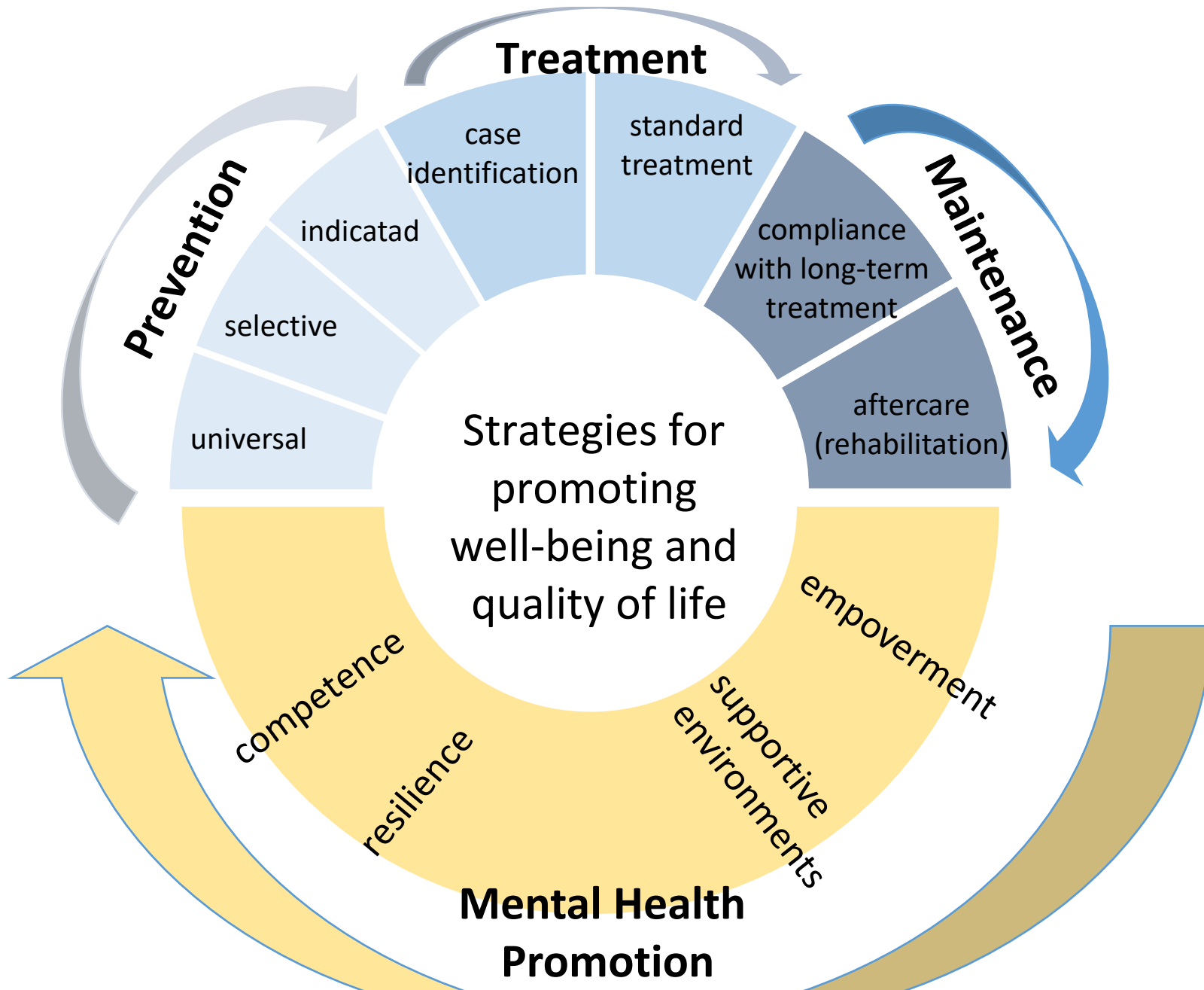
Selective prevention

Targeted to individuals or a subgroup of the population whos risk of developing mental disorders is significantly higher than average

Indicated prevention

Targeted to high risk individuals who are identified as having minimal but detectable signs or sympthoms foreshadowing mental disorders, or biological markers indicating predisposition for mental disorder but who do not meet diagnostic level at the current time.

Prevention
- universal
- selective
- indicatad
- case identification

Treatment
- case identification
- standard treatment

Maintenance
- compliance with long-term treatment
- aftercare (rehabilitation)

Strategies for promoting well-being and quality of life

Mental Health Promotion
- competence
- resilience
- supportive environments
- empoverment

Barry, M.M. (2001). Promoting positive mental health: Theoretical frameworks for practice. International Journal of Mental Health Promotion, 3(1), 25-34..

Functional, new proposal (Foxcroft, 2014)

Environmental prevention interventions

- aim to limit the availability of maladaptive behaviour opportunities, through system wide policies, restrictions and actions.

Developmental preventive interventions

- aim to promote adaptive behaviours, and prevent maladaptive behaviours, by focusing on the development of skills that are key in socialization and social development of appropriate behaviours.

Informational prevention interventions

- aim to increase knowledge and raise awareness about specific risk behaviours, through communications.

Prevention Forms and Functions

	Universal	Selective	Indicated
Environmental	1	2	3
Developmental	4	5	6
Informational	7	8	9

Prevention Forms and Functions (Foxcroft, 2014)

|	Universal	Selective	Indicated
Environmental	Tax and pricing policy for alcohol	Reducing alcohol retail outlet density in high risk neighbourhoods	Legislation to prevent problem individuals from accessing alcohol premises
Developmental	Social / life skills programs that provide young people with skills to cope with social influences	Family / parenting programs with families in the most deprived areas in a region or country	Individual counselling programs with adolescent males with impulse control problems
Informational	Mass media campaigns to raise awareness of alcohol dangers	Informational interventions targeted at young males in deprived neighbourhoods with strong gang cultures	Normative feedback interventions for individuals who screen positive for problem drinking

Models explaining development of problem behaviours
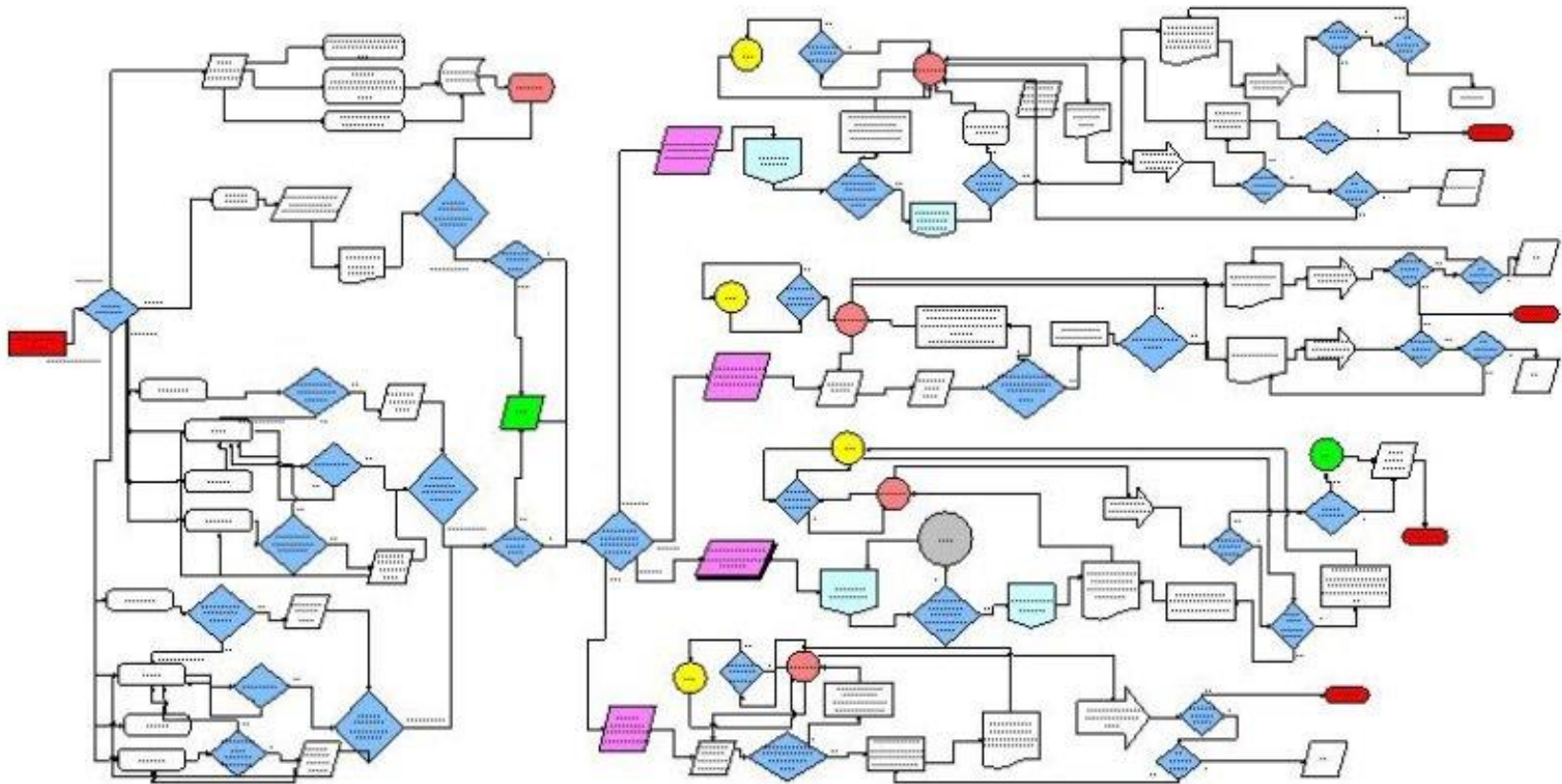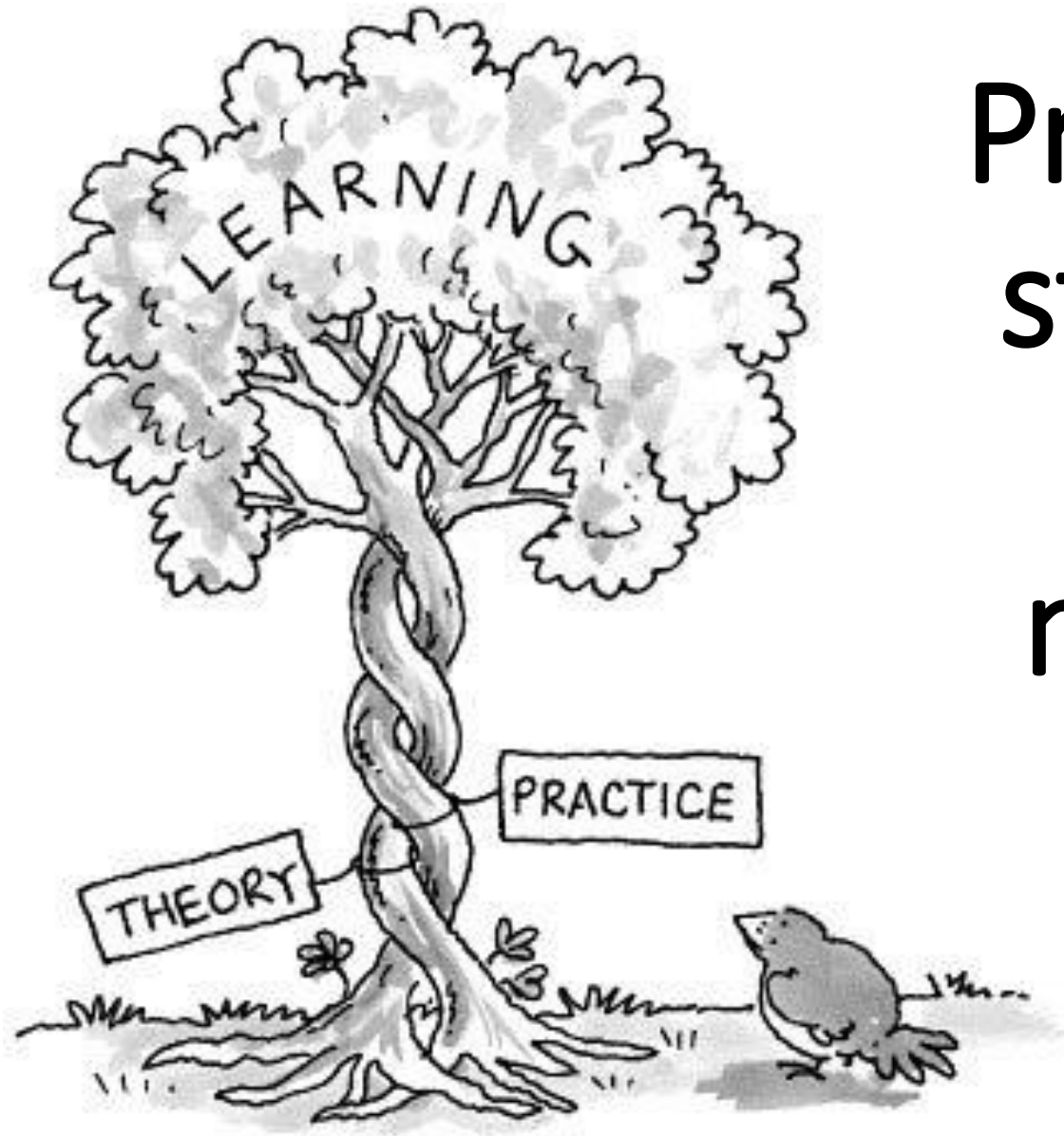
Prevention strategies and methods

Individual Psychology

"How do I know you're not just _saying_ you love me?"
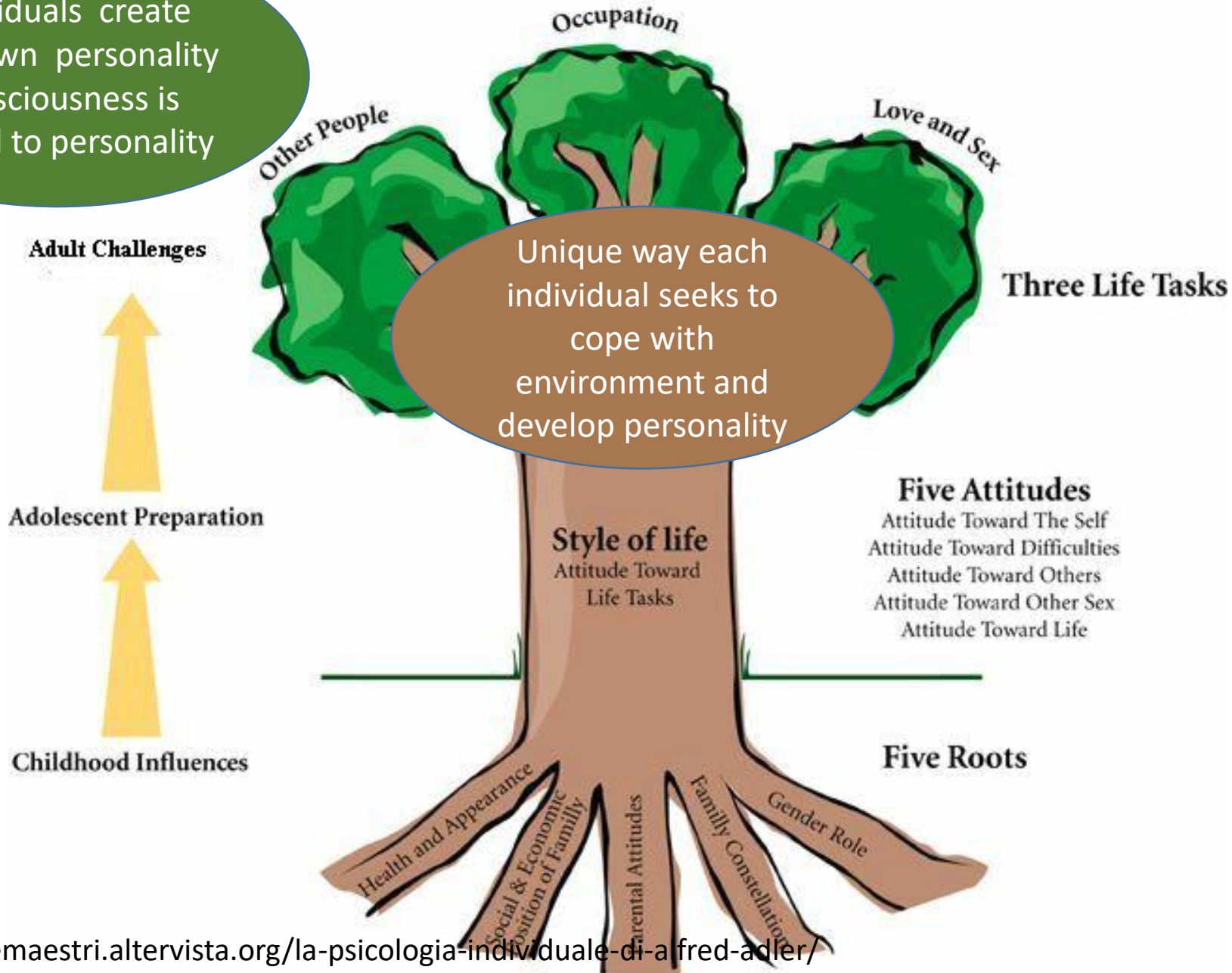
Alfred Adler (1870-1937)
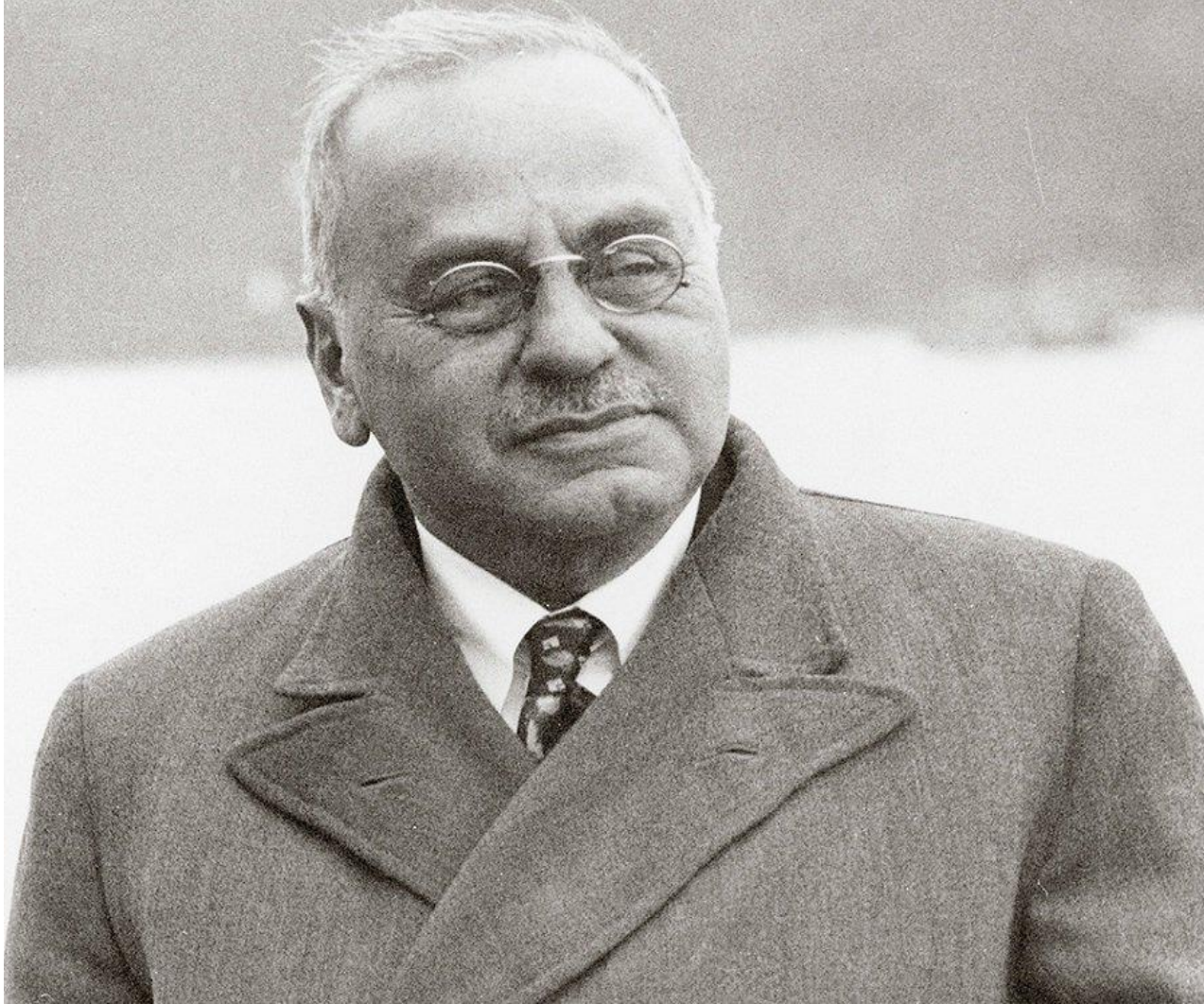
Basic Concepts

- **Social interest** – urg in human nature to adapt oneself to the conditions of the social environment

- **Finalism** – individuals are oriented toward goals that guide their behawior, many of which can not be proven and are judged by their usefulness

- **Inferiority feelings** arise from childhood dependence and lead to strive for superiority

- **Starving for superiority** – the drive for competence and effectiveness

Personality development

Individuals create their own personality Consciousness is central to personality

Unique way each individual seeks to cope with environment and develop personality

Occupation

Other People

Love and Sex

Three Life Tasks

Adult Challenges

Adolescent Preparation

Childhood Influences

Five Attitudes
Attitude Toward The Self
Attitude Toward Difficulties
Attitude Toward Others
Attitude Toward Other Sex
Attitude Toward Life

Style of life
Attitude Toward
Life Tasks

Five Roots

Health and Appearance

Social & Economic Position of Family

Parental Attitudes

Family Constellation

Gender Role

http://estriemaestri.altervista.org/la-psicologia-individuale-di-alfred-adler/

Avoid Pampering

Parents make a mistake when they pamper in the name of love.

1) Pampering creates weakness because children develop the belief that others should do everything for them.

2) One of the greatest gifts you can give your children is to allow them to develop the belief, "I am capable."

3) Children feel capable when they learn that they can survive the ups and downs of life.

Letting Go

Letting go does not mean abandoning your child. It means allowing your child to learn responsibility and to feel capable.

1) Take small steps in letting go.

2) Take time for training and then step back.

3) Have faith in your child to learn from his or her mistakes.

4) Get a life so your identity doesn't depend on managing your child's life.

Pay Attention

Are your children getting the impression that they are not important?

1) Put down whatever you are doing and focus on your child as though he or she is more important than anything else you could do.
2) Don't forget to schedule special time. (See the Special Time card.)
3) Remember what Toni Morrison said: "Do your eyes light up when they walk into the room?"

Listen

Children will listen to you AFTER they feel listened to.

1) Notice how often you interrupt, explain, defend your position, lecture, or give a command when your child tries to talk to you.
2) Stop and just listen. It is okay to ask questions such as, "Can you give me an example? Is there anything else?"
3) When your child is finished, ask if he or she is willing to hear you.
4) After sharing, focus on a solution that works for both.

Compliments

Compliments and appreciations bring us closer together.

Focus on accomplishments and helpfulness to others:

1) "I appreciate how quickly you get dressed and ready for school."

2) "I notice how kindly you cared for Anna when she felt sad, I bet it helped her feel better."

3) "Thank you for setting the table."

Encouragement

"A child needs encouragement like a plant needs water." – Rudolf Dreikurs

1) A misbehaving child is a discouraged child. When children feel encouraged, misbehavior disappears.

2) Encourage by creating a connection before correction.

3) Every suggestion in this deck of Positive Discipline Tool Cards is designed to help children feel encouraged and to develop valuable social and life skills that will help them feel capable.

Validate Feelings

1) Allow children to have their feelings so they can learn they are capable of dealing with them.
2) Don't fix, rescue, or try to talk children out of their feelings.
3) Validate their feelings: "I can see you are really (angry, upset, sad)."
4) Then keep your mouth shut and have faith in your children to work it through.

Control Your Behavior

Example is the best teacher.

1) Do you expect your children to control their behavior when you don't control your own?
2) Create your own special time-out area and let your children know when you need to use it.
3) If you can't leave the scene, count to 10 or take deep breaths.
4) When you make mistakes, apologize to your children.

Problem Solving

Use daily challenges as opportunities to practice problem solving WITH your children.

1) **Brainstorm for solutions** during family meetings or with one child.

2) **Ask** Curiosity Questions to invite your child to explore solutions.

3) **For fights:** "You kids can figure it out. Come back with your plan."

4) **For chores:** Brainstorm what needs to be done and invite your kids to create a plan. Be willing to try their plan for a week.

Follow Through

If you say it, mean it, and if you mean it, follow through.

Kids know when you mean it and when you don't.

If you say: "I will read a story at 8:00 after pajamas are on and teeth are brushed," and your kids aren't ready by 8:00; **kindly** point out the time and put the kids to bed without reading.

Be encouraging by saying, "You can try again tomorrow."

Individual psychology

?
Enhancing parenting skills

Parent session 1
Things I do well as a parent

Attachment theory

Harry Harlow (1958)

John Bowlby (1907–1990)

attachment = lasting psychological connectedness between human beings

https://www.youtube.com/watch?v=apzXGEbZht0 – still face
https://www.youtube.com/watch?v=6czxW4R9w2g

Phases in the development of attachment Based on Bowlby (1969)

Phase of attachment:	Age range:	Characteristics of phase:
Pre-attachment phase	0-3 months	At about 6 weeks, infants begin to treat other humans differently from objects by smiling and gurgle at them.
Indiscriminate attachment phase	3-7 months	Infant can distinguish between familiar and unfamiliar people but is quite happy to be comforted by anyone.
Discriminate attachment phase	7-9 months	Infant distinguishes between carers and strangers and exhibits distress or separation anxiety when left alone (they have developed object permanence) and may be fearful of the strangers.
Multiple attachment phase	9+ months	Attachments develop with other people (for example, grandparents or brothers and sisters), although the original attachment remains the strongest.

Inconsistent response https://www.youtube.com/watch?v=8BA8CcEUP84
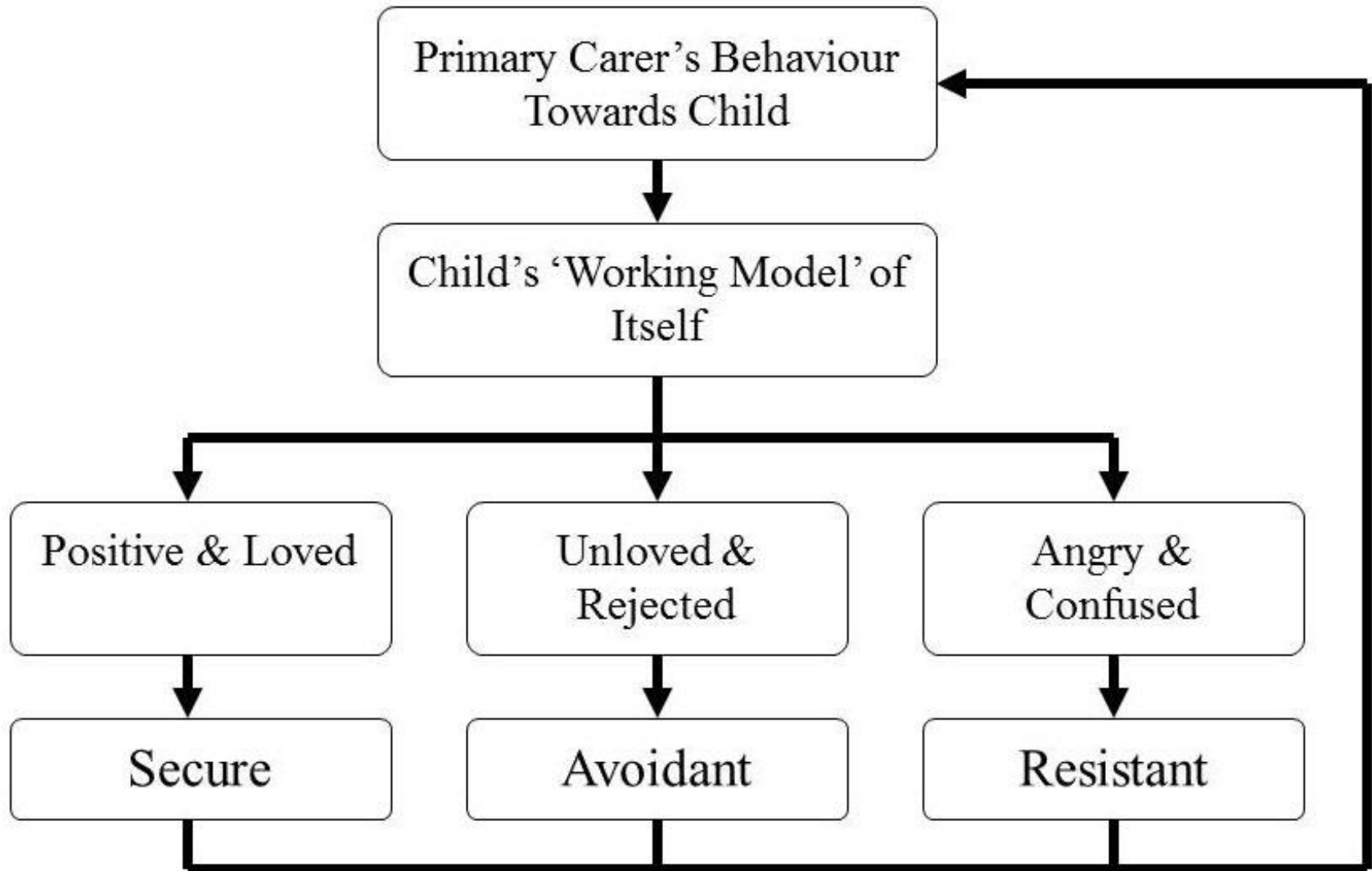
Rejection https://www.youtube.com/watch?v=9u8ObYi_EB0

	Secure Attachment	Ambivalent Attachment	Avoidant Attachment
Separation Anxiety	Distressed when mother leaves.	Infant shows signs of intense distress when mother leaves.	Infant shows no sign of distress when mother leaves.
Stranger Anxiety	Avoidant of stranger when alone but friendly when mother present.	Infant avoids the stranger - shows fear of stranger.	Infant is okay with the stranger and plays normally when stranger is present.
Reunion behavior	Positive and happy when mother returns.	Child approaches mother but resists contact, may even push her away.	Infant shows little interest when mother returns.
Other	Will use the mother as a safe base to explore their environment.	Infant cries more and explores less than the other 2 types.	Mother and stranger are able to comfort the infant equally well.
% of infants	70	15	15

Strange situation https://www.youtube.com/watch?v=QTsewNrHUHU

DISPLAYED CHARACTERISTICS

ATTACHMENT TYPE	AS A CHILD	AS AN ADULT
Secure	Able to separate from parent	Have trusting, lasting relationship
	Seek comfort from parents when frightened	Tend to have good self-esteem
	Return of parents is met with positive emotions	Comfortable sharing feelings with friends and partners
	Prefers parents to strangers	Seek out social support
Avoidant	May avoid parents	May have problems with intimacy
	Does not seek much comfort or contact from parents	Invest little emotion in social and romantic relationships
	Shows little or no preference between parent and stranger	Unable or unwilling to share thoughts and feelings with others
Ambivalent	May be wary of strangers	Reluctant to become close to others
	Become greatly distressed with the parent leaves	Worry that their partner does not love them
	Do not appear to be comforted by the return of the parent	Become very distraught when a relationship ends

Attachment theory

Strengthening psychological connectedness between individuals

Young/old woman
Opinions and filings
Parent session 5 (Listenning)

Social Learning Theory

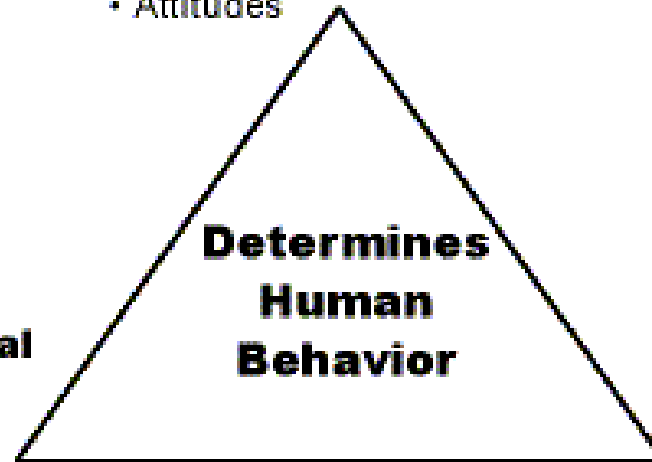modelling https://www.youtube.com/watch?v=vdC-cehHN6k

Albert Bandura (1925)

Cognitive Factors
(also called "Personal Factors")
- Knowledge
- Expectations
- Attitudes

Determines Human Behavior

Environmental Factors
- Social Norms
- Access in Community
- Influence on Others
  (ability to change own environment)

Behavioral Factors
- Skills
- Practice
- Self-efficacy

- **Bobo doll experiment** https://www.youtube.com/watch?v=hHHdovKHDNU

Social Cognitive Theory

social cognitive theorists believe that...

we learn through **observation**

...but we may not see a change in behavior right away as learning is an internal process...

we learn by observing and imitating models

both **LIVE** and $ymbolic

We are surrounded by people talking and acting in different ways.

We notice and remember these **observed actions**...

...and, if motivated, **physically reproduce** ourselves.

Most human behavior is learned through modeling.

...which we then **mentally rehearse**...
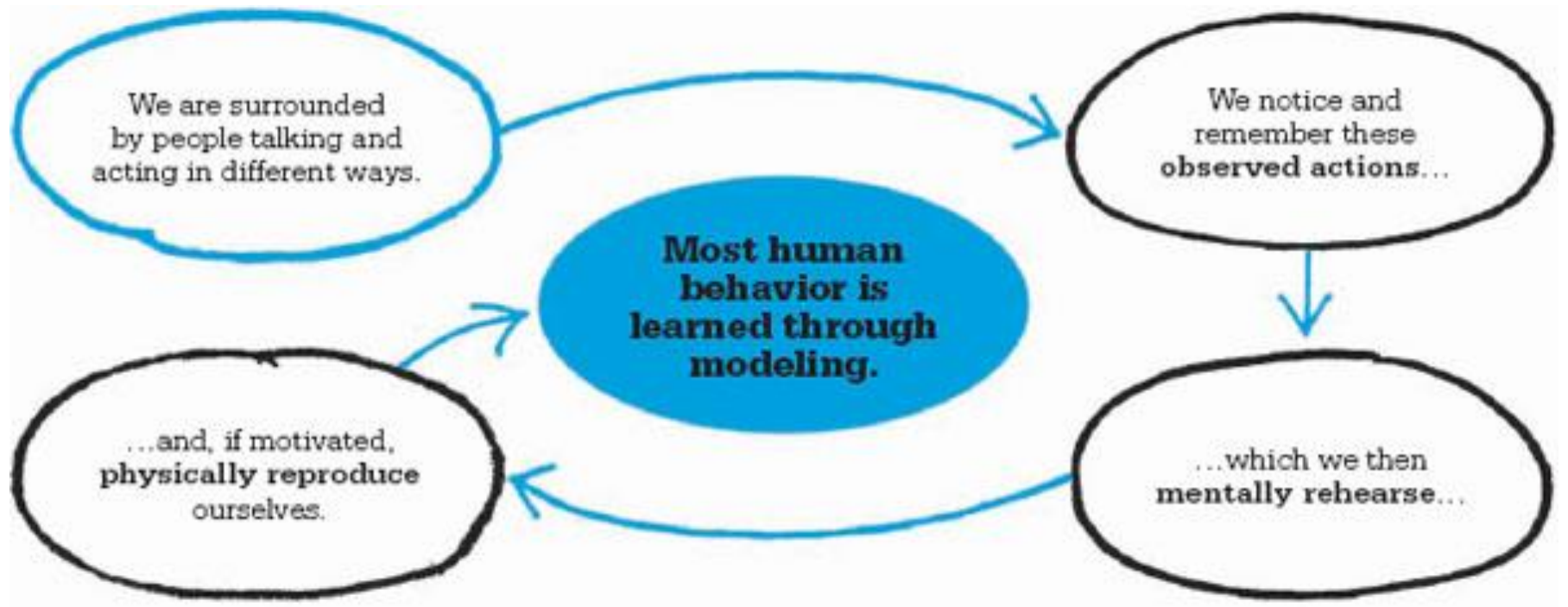
observing a model activates ▶ *mirror neurons*

in the brain

these neurons evolved to copy the behaviors we see in others...

s o...

if we see someone being

rewarded or **punished**

it's as if we are being rewarded or punished too (vicariously)

ormrod. 2011

self-efficacy

is the belief that we can accomplish a given task

a little bit too much self-efficacy is better than too little, since we are willing to try the new and difficult things we see others modeling

self-regulation

is the ability to consciously monitor and control your own behavior

as we get older, self-regulation gets easier and we become more and more active in our learning process

Social learning theory
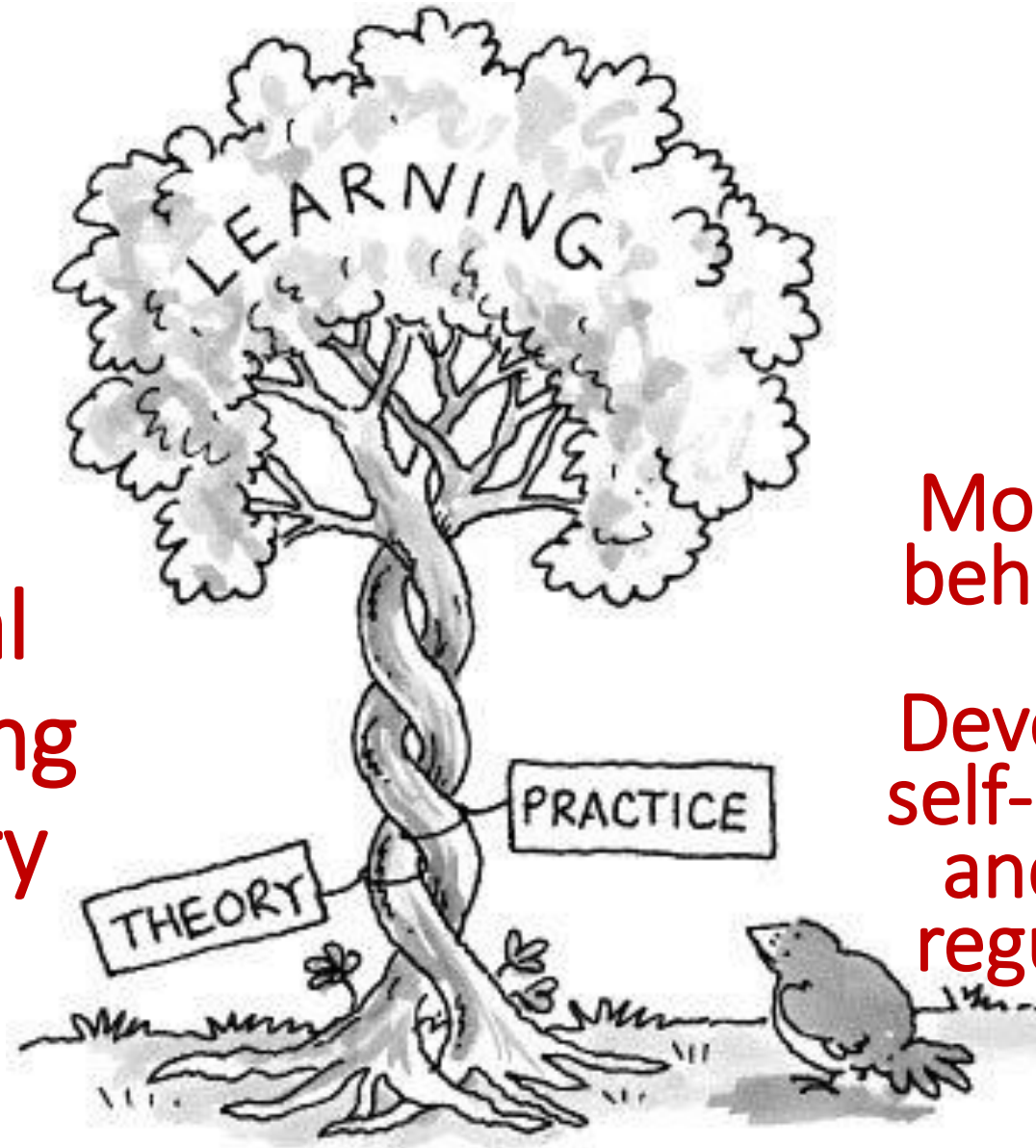
Modelling behaviours ?

Developing self-efficacy and self-regulation

modelling

Problem behaviour theory

Richard Jessor (1924)

Key concepts:

perceived-environment system

controls against involvement in problem behavior

personality system

system variables
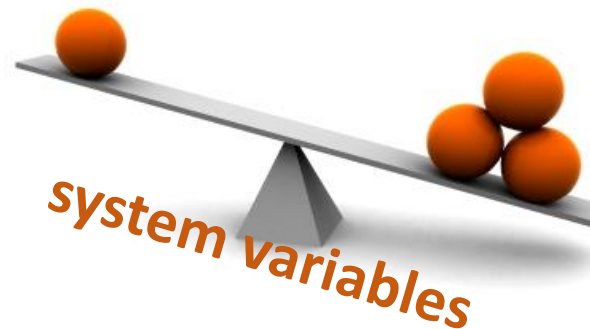
psychosocial conventionality / unconventionality

behaviour system

instigations for engaging in problem behavior

perceived-environment system

Includes

- social controls

- social models

- social support

Problem behaviour proneness

- low parental disapproval of problem behaviour,

- high peer approval of problem behaviour,

- high peer models for problem behaviour,

- low parental controls and support,

- low peer controls,

- low compatibility between parent and peer expectations,

- low parent (relative to peer) influence.

personality system

Includes

- values,
- expectations,
- beliefs,
- attitudes,
- orientations toward self and society

—that reflect social learning and developmental experience

Problem behaviour proneness

- lower value on academic achievement,
- higher value on independence,
- greater social criticism,
- higher alienation,
- lower self-esteem,
- greater attitudinal tolerance of deviance,
- lower religiosity

behaviour system

Includes

- Problem behaviours
  - alcohol use,
  - problem drinking,
  - cigarette smoking,
  - marijuana use,
  - other illicit drug use,
  - general deviant behaviour (delinquent behaviours and other norm-violative acts),
  - risky driving,
  - precocious sexual intercourse.
- Conventional behaviours
  - church attendance,
  - involvement with academic course work and achievement.

Problem behaviour proneness

- high involvement in other problem behaviours
- low involvement in conventional behaviours

The very same behaviour may be permitted or even prescribed for those who are older but proscribed for those who are younger.
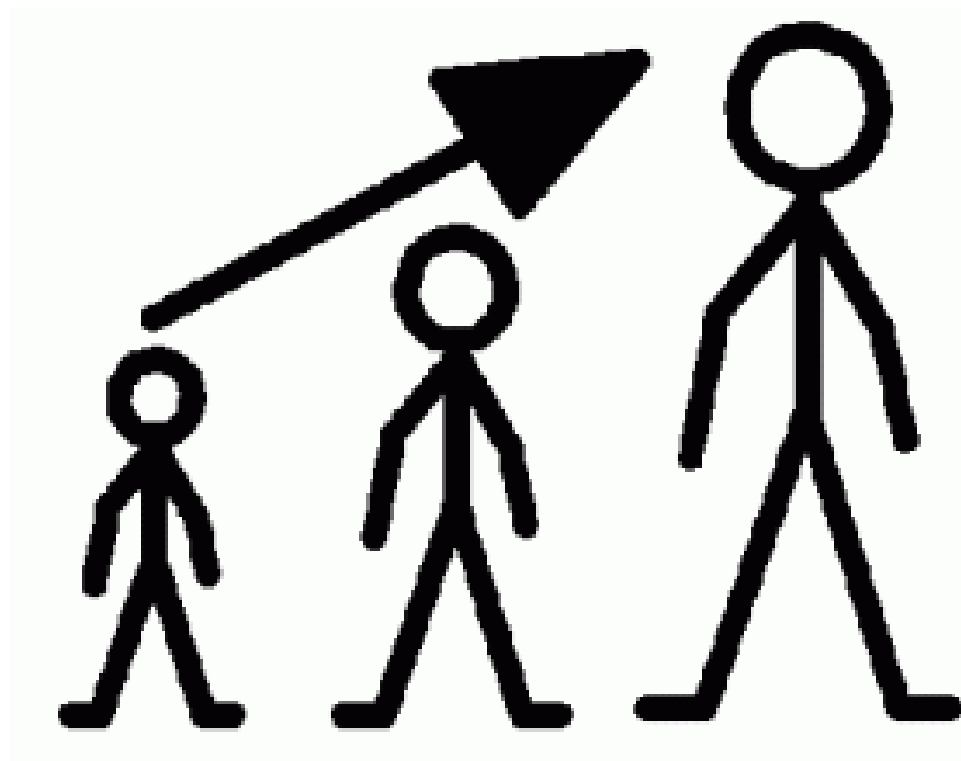
Engaging in certain behaviours for the first time can mark a transition in status:
- from "less mature" to "more mature,"
- from "younger" to "older,"
- from "adolescent" to "youth" or "adult."

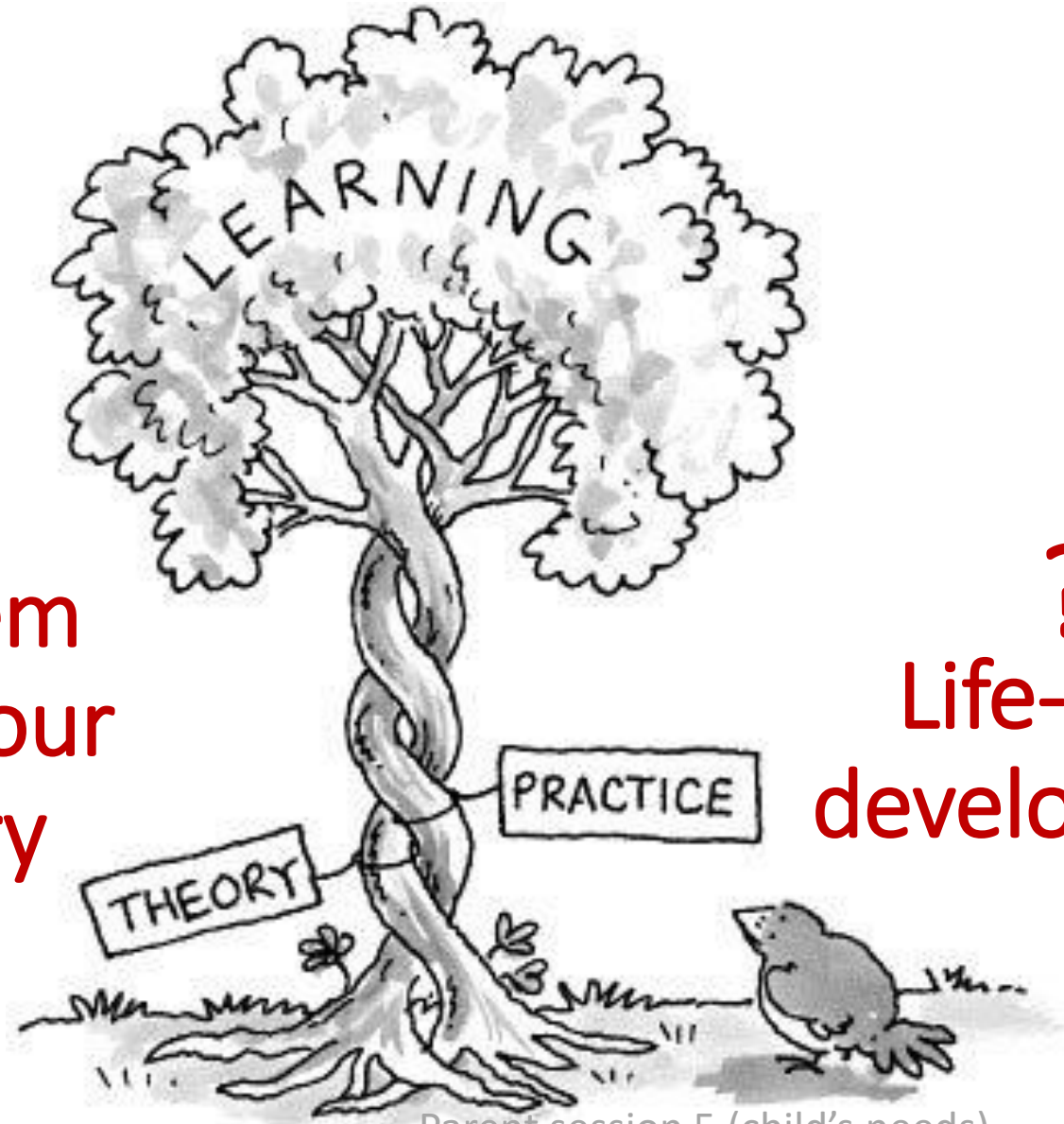Correlations Between Psychosocial Factors and Male Marijuana Use
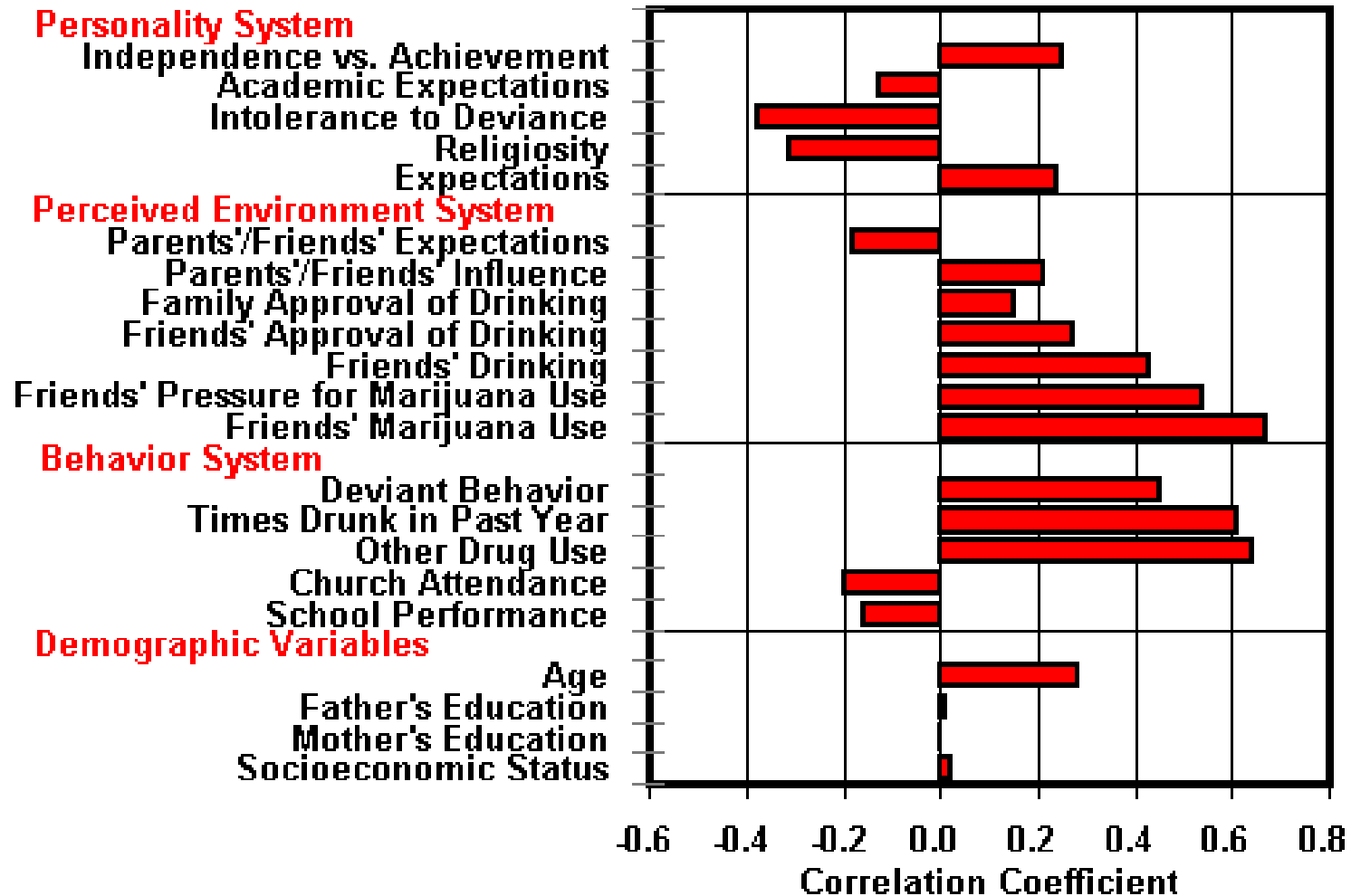
Jessor, R., Chase, J.A., and Donovan, J.E.. (1980). Psychosocial correlates of marijuana use and problem drinking in a national sample of adolescents. American Journal of Public Health 70(6): 604-613.

Correlations Between Psychosocial Factors and Female Marijuana Use
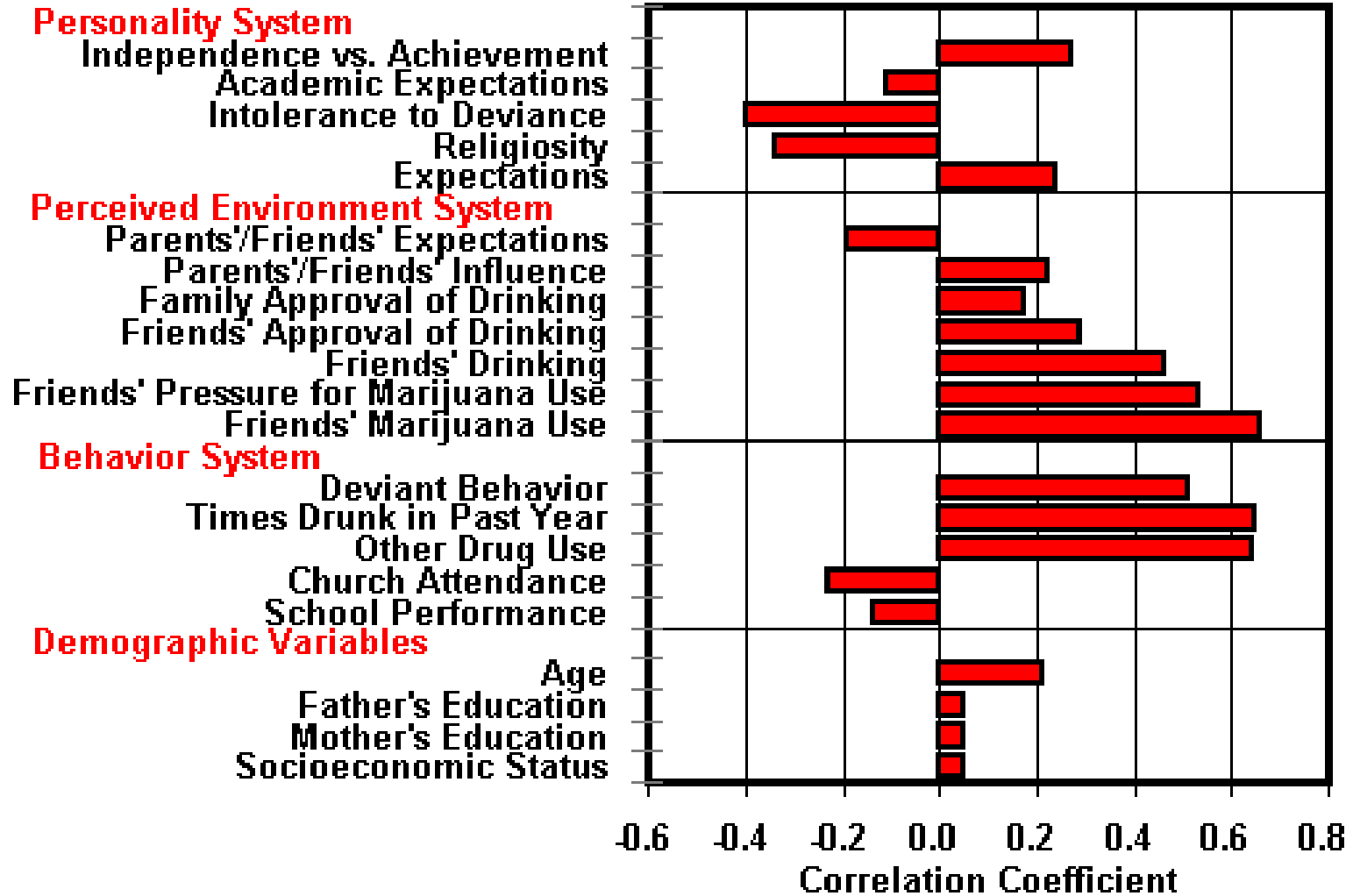
Problem behaviour theory

?
Life-skills development
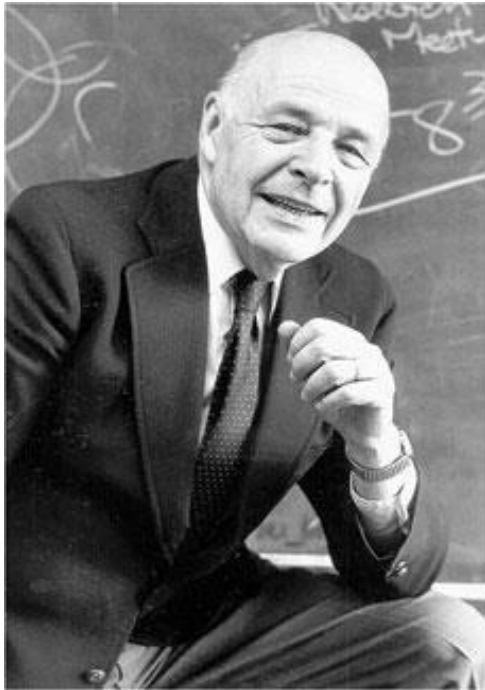
Parent session 5 (child's needs)
Changes in a child
Youth session 5,6; Family session 6 (peer pressure)

Resilience

Norman Garmezy
1918-2009

Emmy E. Werner
(1929)

Sir Michael L.
Rutter (1933)

Kauai longitudinal study

- 660 youngsters, born in 1955 on the island of Kauai, Hawaii
- Development monitored at ages 1, 2, 10, 18, 40
- Some 30% (n=210) were:
  - born and raised in poverty,
  - had experienced pre- or perinatal complications;
  - lived in families troubled by chronic discord, divorce, or parental psychopathology;
 - were reared by mothers with less than 8 grades of education.

Emmy E. Werner and Ruth S. Smith

Kauai longitudinal study – **high risk group**

At age 40:

- none was unemployed, had been in trouble with the law, relied on social services
- lower rates of divorce, mortality, chronic health problems
- educational and vocational accomplishment comparable with those who had grown up in more secure and stable home environments

competent, confident, caring adults

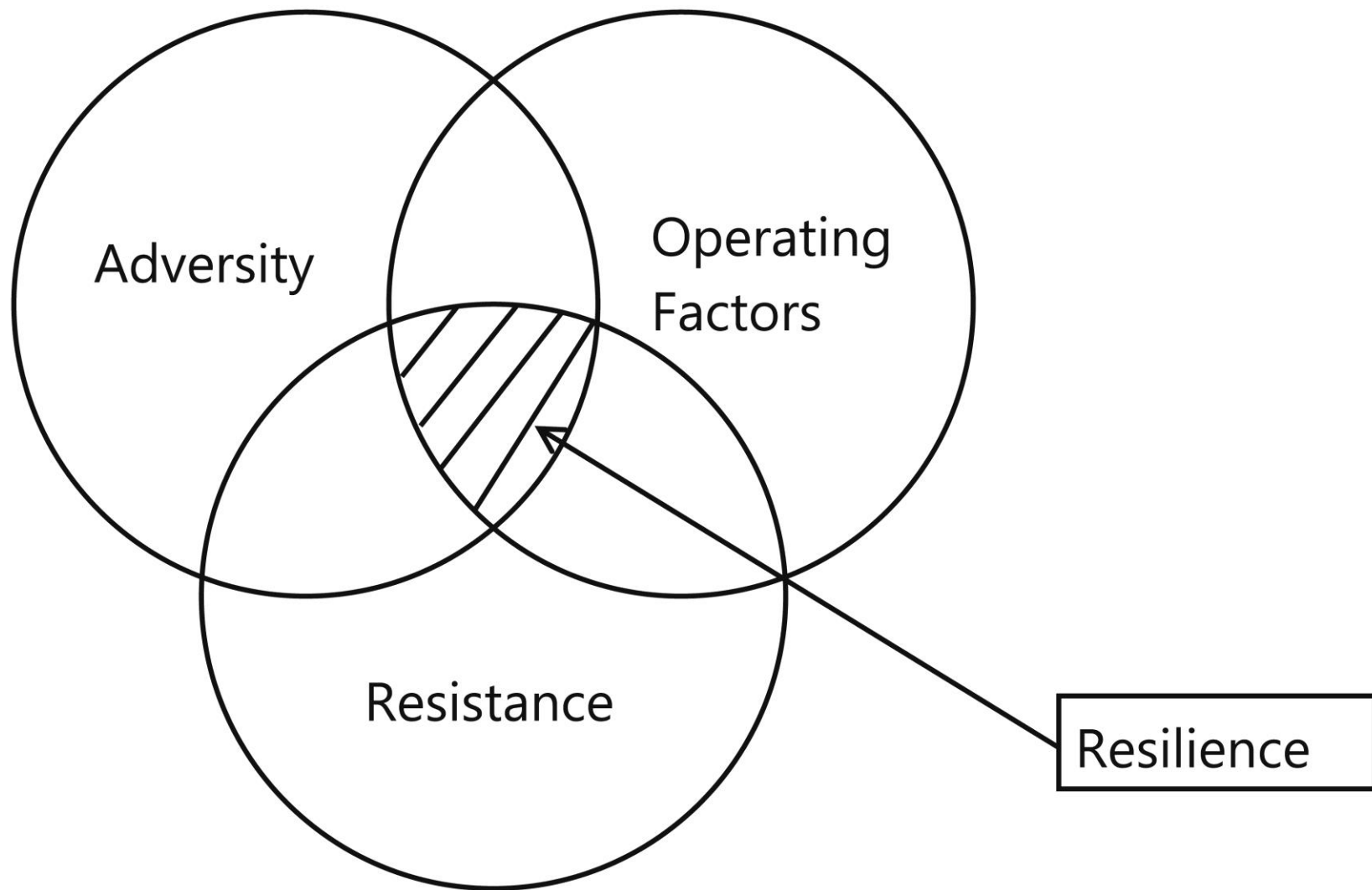**behavioral problems / delinquency records / mental health problems**

Emmy E. Werner and Ruth S. Smith
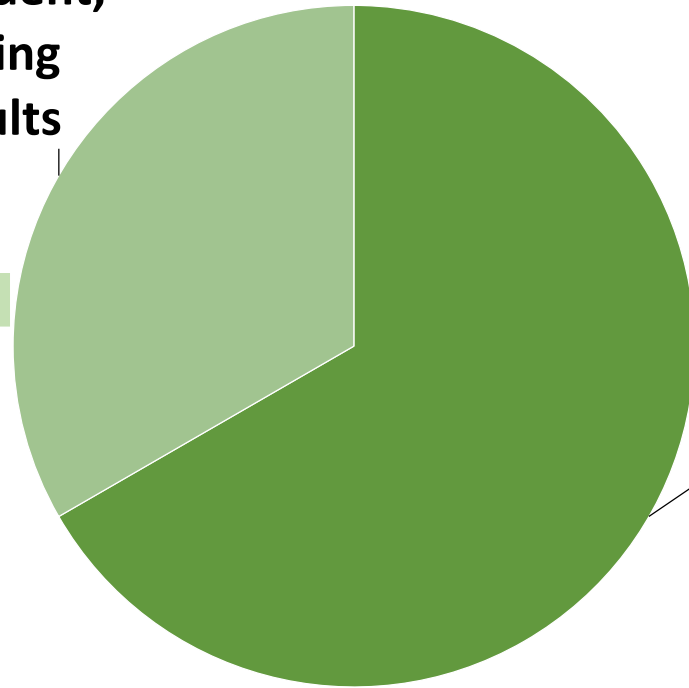
Key concepts (*Sir Michael Rutter)*

- **Resilience =**
  - **Relative resistance to environmental risk experiences, OR**
  - **the overcoming of stress or adversity, OR**
  - **a relatively good outcome despite risk experiences**
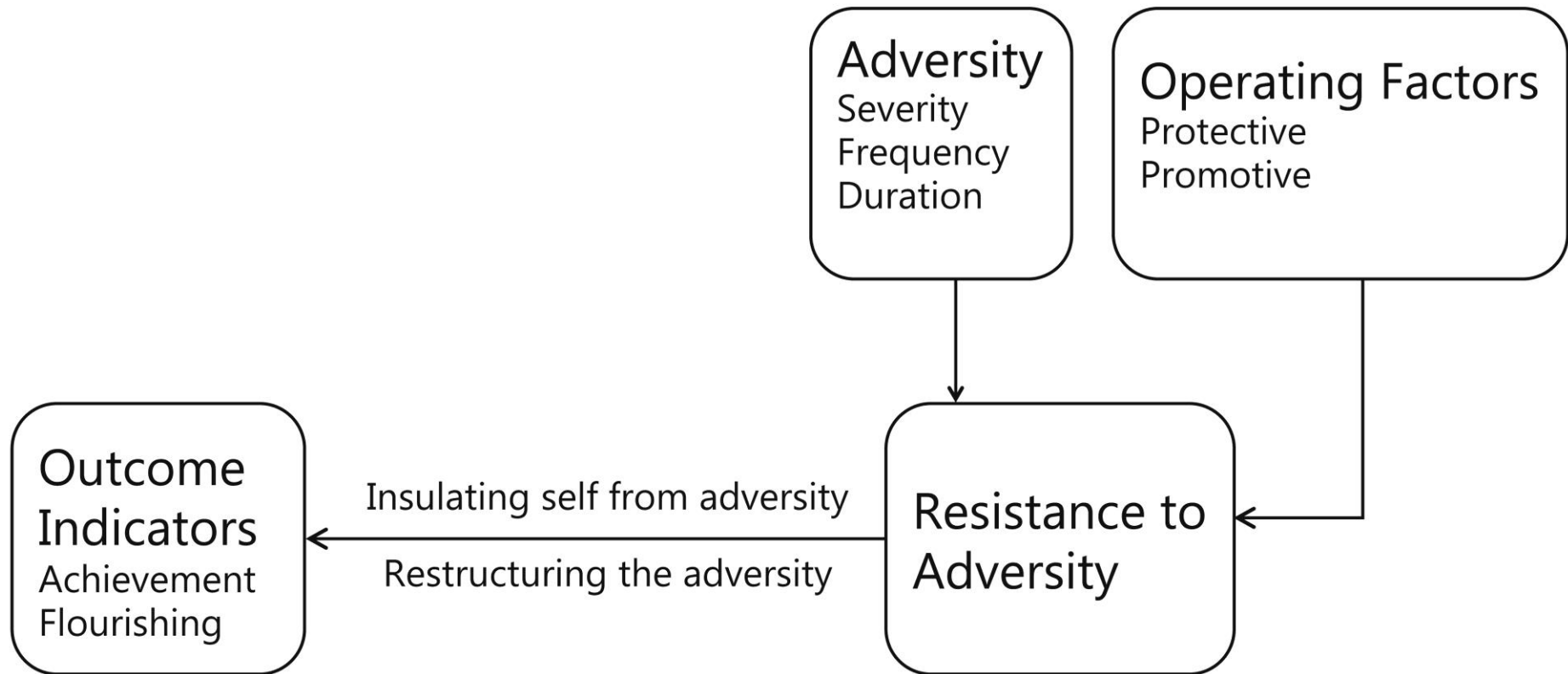- *Resilience is NOT just social competence or positive mental health*

„if you want to be resistant to infection the worst possible thing you could do is avoid ALL exposure"

RESILIENCE.

This, too, shall pass.

ADVERSITY

Synergy among adversity, operating factors, and resistance

Meena Hariharan, Suvashisa Rana. *Conceptual complexity of resilience from: The Routledge International Handbook of Psychosocial Resilience Routledge.* Accessed on: 17 Aug 2017
https://www.routledgehandbooks.com/doi/10.4324/9781315666716.ch3

Path in synergy model of resilience

Meena Hariharan, Suvashisa Rana. *Conceptual complexity of resilience from: The Routledge International Handbook of Psychosocial Resilience Routledge.* Accessed on: 17 Aug 2017
https://www.routledgehandbooks.com/doi/10.4324/9781315666716.ch3

Protective factors

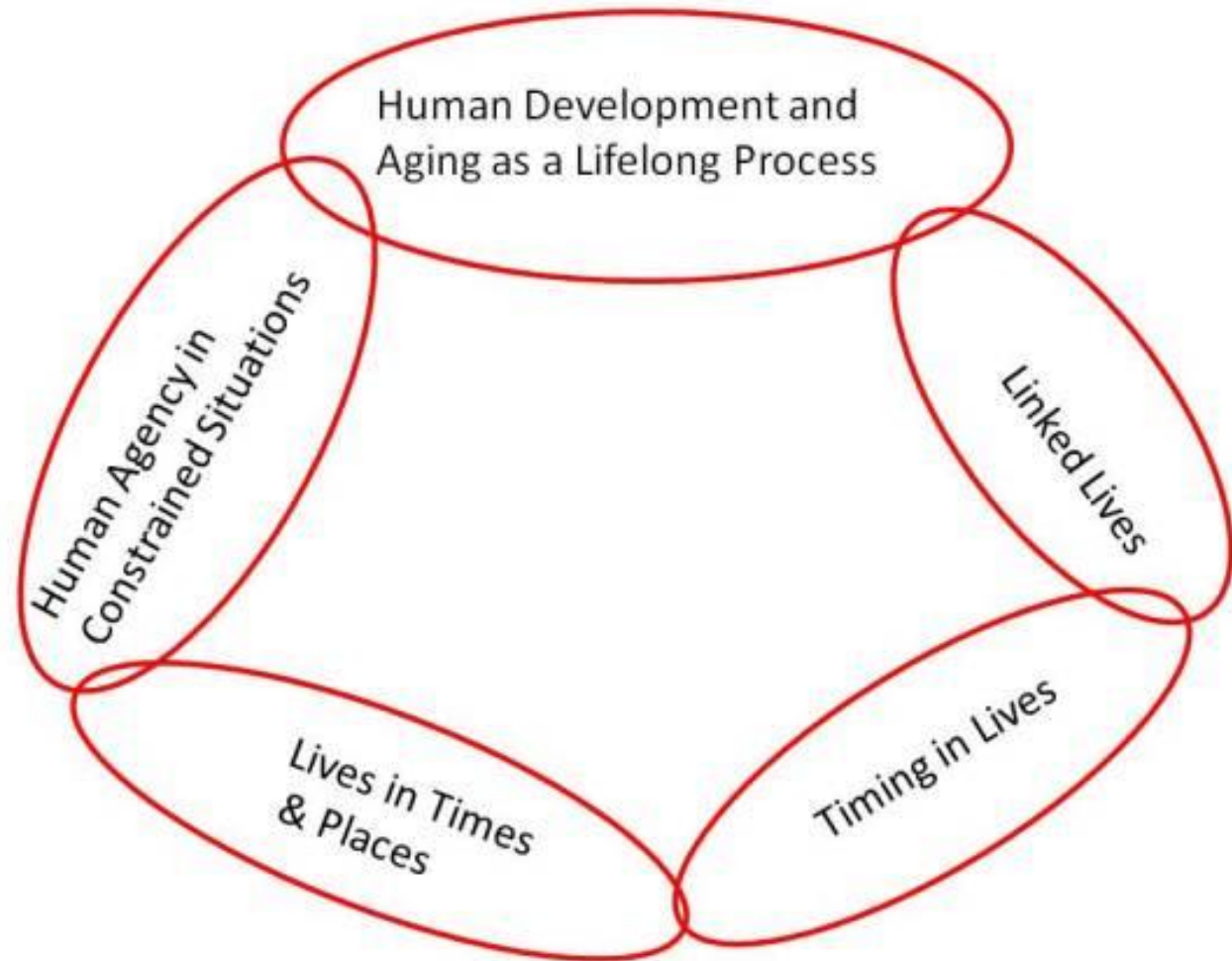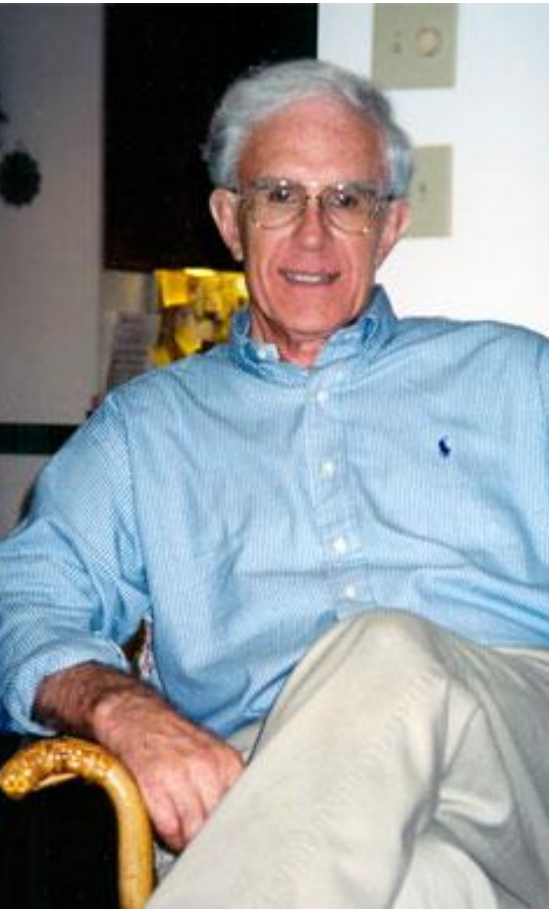| within the individual	in the family	in the community
• Young children - active, affectionate, cuddly, good natured, easy to deal with, friendly, responsive, sociable, advanced in language and motor development, and in self-help skills	• close bond with at least one competent, emotionally stable person who is sensitive to child's needs	• youngster rely on elders and peers for emotional support and sought them out for counsel in times of crisis.
• By age 10 - practical problem-solving skills, have a special talent that gave them a sense of pride, willingly assist others who needed help	• religious beliefs	
	• for boys - households with structure and rules, with a male model of identification, and encouragement of emotional expressiveness	• positive role models, e.g.:
• By late adolescence - belief in their own effectiveness and that the problems they confront could be overcome by their own actions, have realistic education and vocational plans, and high expectations for the future	• for girls – combination of an emphasis on independence with reliable support from a female caregiver	• a favorite teacher, • caring neighbors, • elder mentors, • parents of boy- or girlfriends, • youth leaders, • ministers, • members of church groups.

Theory of resilience

Strengthening protective factors

Kids' stories

Life Course/ Social Field Theory

Glen H. Elder (1934)

Human Development and Aging as a Lifelong Process

Human Agency in Constrained Situations

Linked Lives

Lives in Times & Places

Timing in Lives

„Life-span development results from a life-long adaptive process. Some processes are cumulative and continuous, others are discontinuous and innovative, showing little connection to prior events or processes"

„People bring a life history of personal experiences and dispositions to each transition, interpret the new circumstances in terms of this history, and work out lines of adaptation that can fundamentally alter their life course"

„Individuals construct their own life course through the choices and actions they take within the constraints and opportunities of history and social circumstances"

Elder GH., Jr. The life course and human development. In: Lerner RM, editor. Handbook of child psychology, Vol. 1: Theoretical models of human development. New York: John Wiley; 1997. pp. 939–991.

Good Behaviour Game

Life Course/ Social Field Theory

Behavioral Theory

Generalization of Mastery

Positive Reinforcement

Social Adaptation

Interdependent Group Contingency

Core elements of GBG

Our Class Rules

Classroom Rules

Team Membership

Monitoring

Positive Reinforcement

1. We will work quietly.

2. We will be polite to others.

3. We will get out of our seats with permission.

4. We will follow directions.

GBG: The LONG and SHORT of It

High-Level Findings

Elementary Schools

Male students who entered the first grade displaying aggressive behavior had reduction in:

- Aggressive and disruptive behavior
- Off-task behavior

Middle Schools

Male students who entered the first grade displaying aggressive behavior had reduction in:

- Aggressive and disruptive behavior
- Off-task behavior
- Delay in age of first smoking
- Use of mental health services

Young Adulthood

Males at ages 19–21 had a reduction in:

- Use of school-based services for problems with mental health or use of tobacco/alcohol
- Illicit drug use/dependence disorder
- Alcohol use/dependence disorder
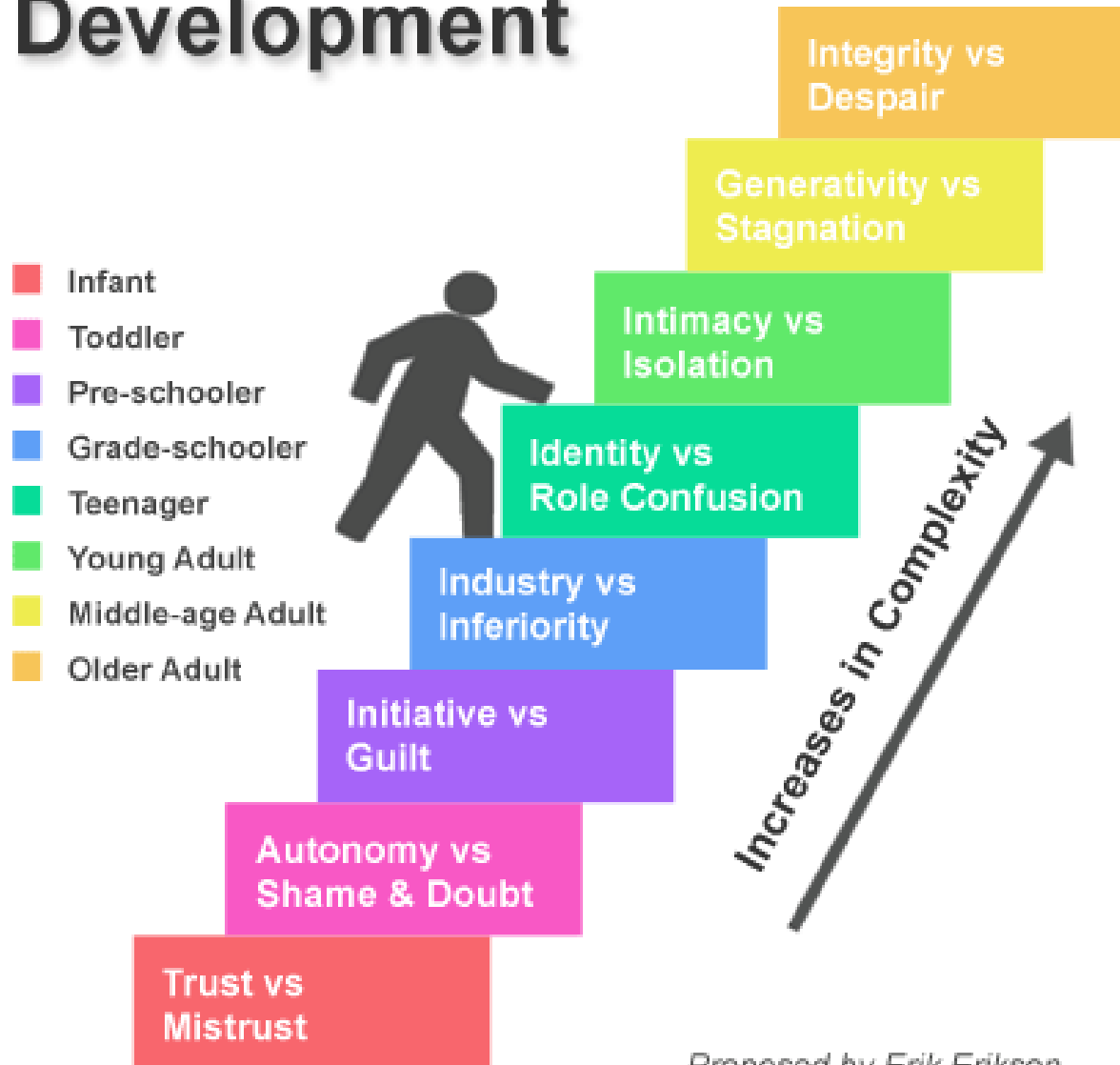- Tobacco use
- Antisocial personality disorder

Life course/ social field theory

PRACTICE

THEORY

LEARNING
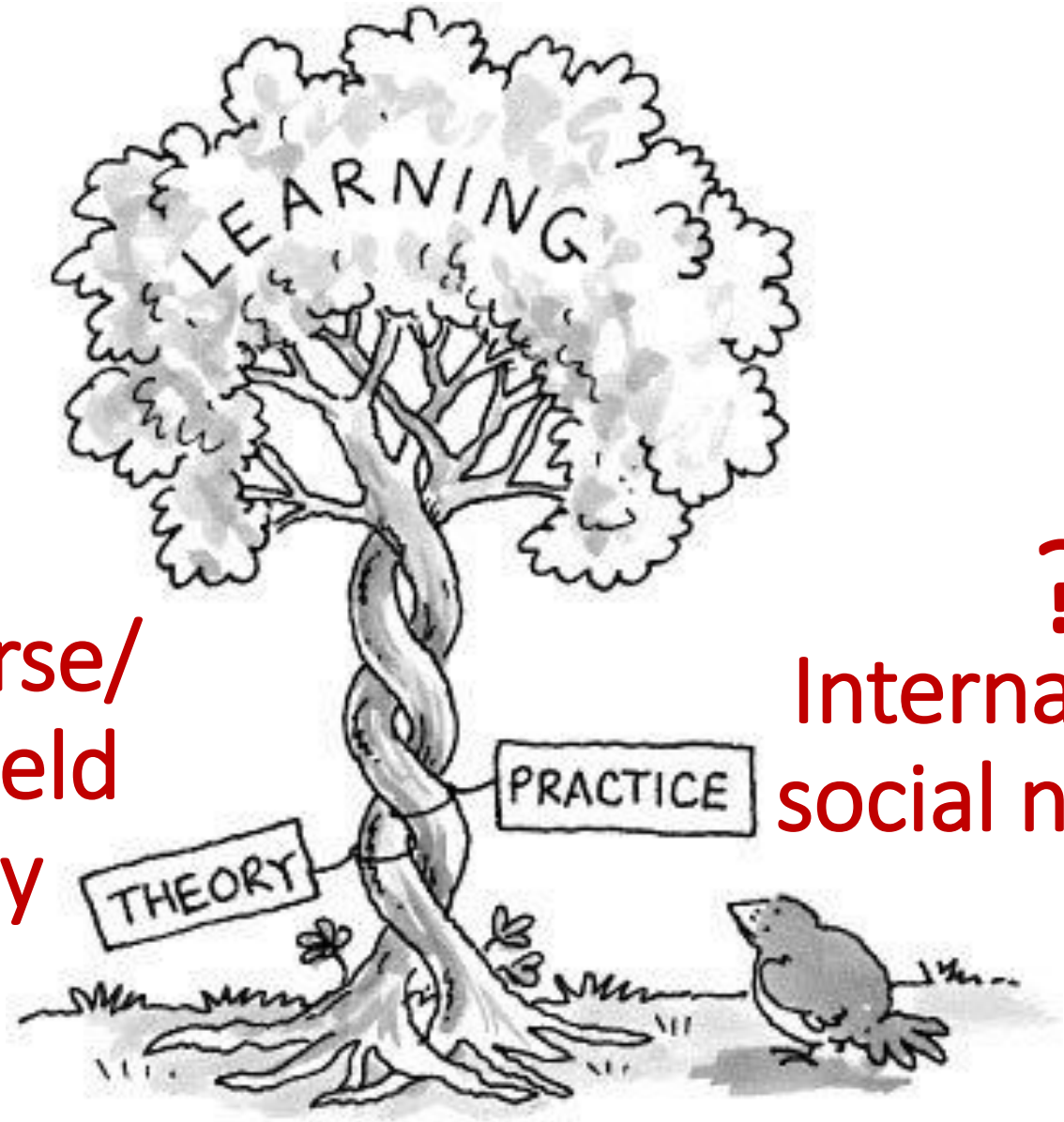
? Internalizing social norms

Other theories influencing prevention
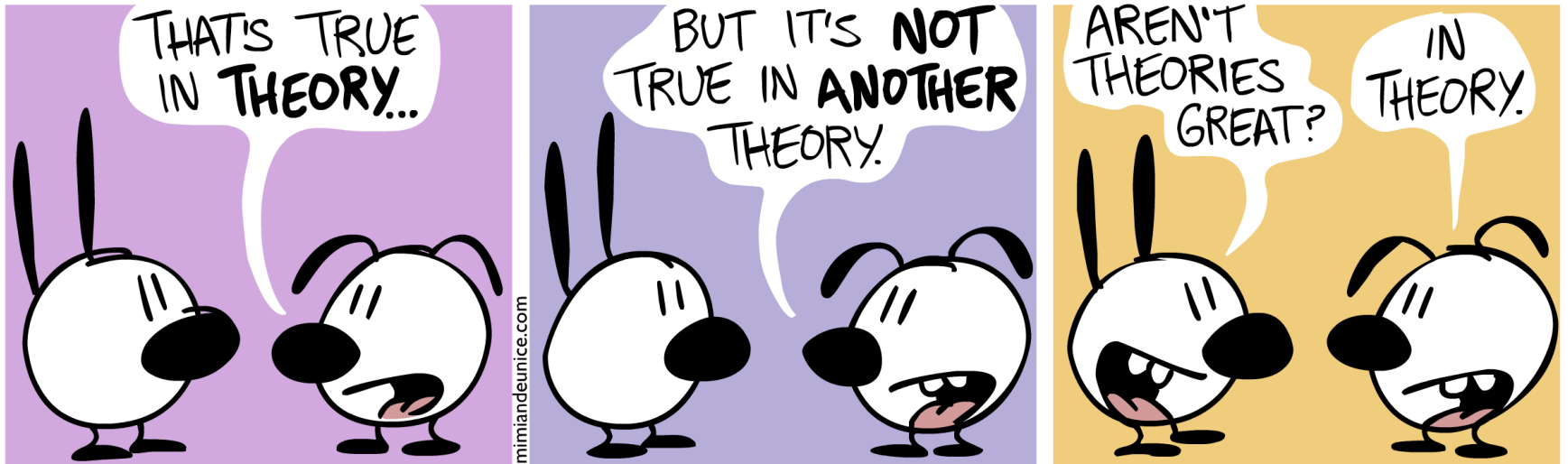
Stages of Psychosocial Development

Integrity vs Despair

Generativity vs Stagnation

Intimacy vs Isolation

Identity vs Role Confusion

Industry vs Inferiority

Initiative vs Guilt

Autonomy vs Shame & Doubt

Trust vs Mistrust

- Infant
- Toddler
- Pre-schooler
- Grade-schooler
- Teenager
- Young Adult
- Middle-age Adult
- Older Adult

Increases in Complexity

Proposed by Erik Erikson

***Erik Erikson: Childhood and Society** , 1950 (W. W. Norton & Co)*

Urie Bronfenbrenner's ecological system theory of childhood development
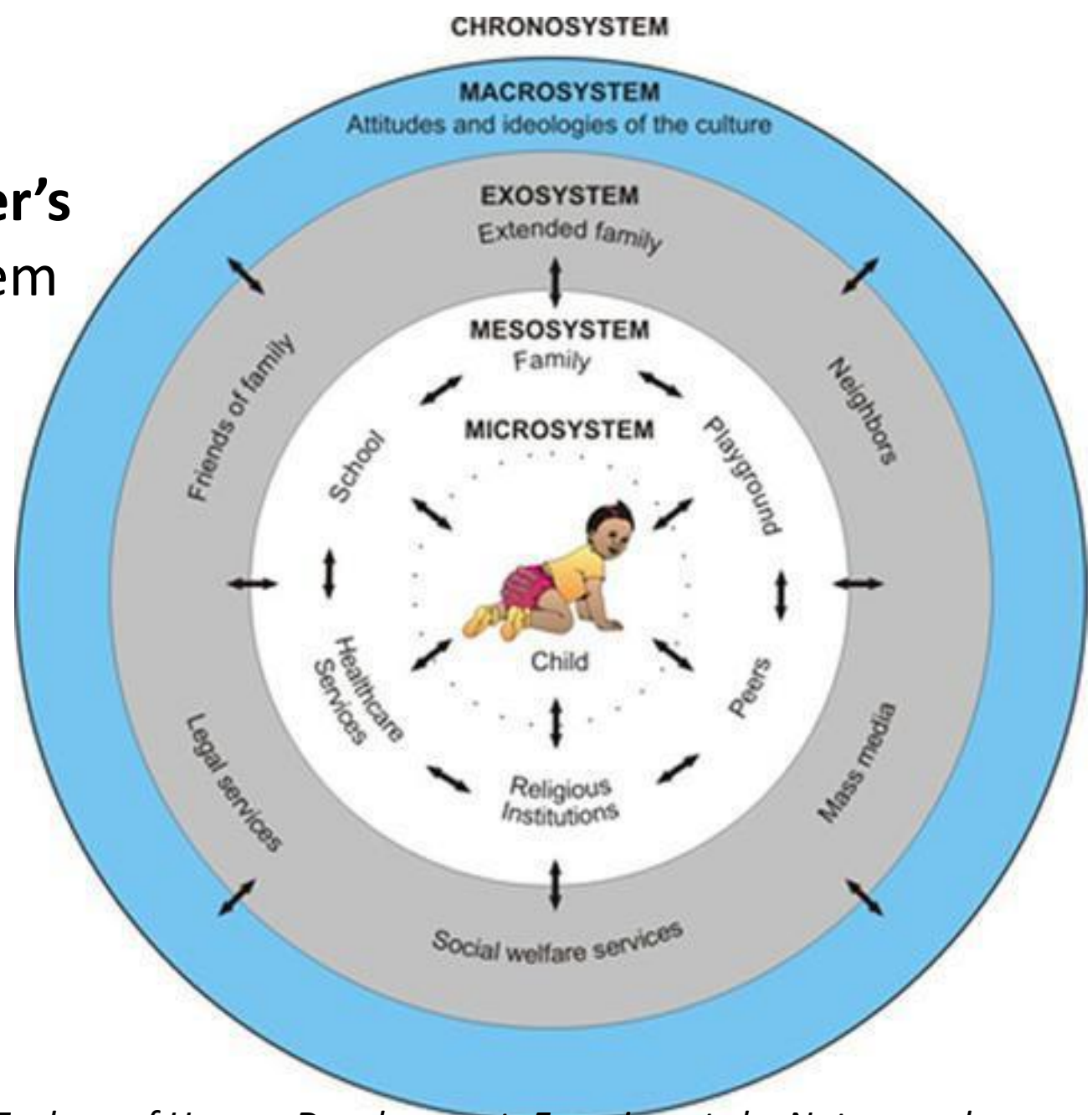
Urie Bronfenbrenner:*The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press, 1979.
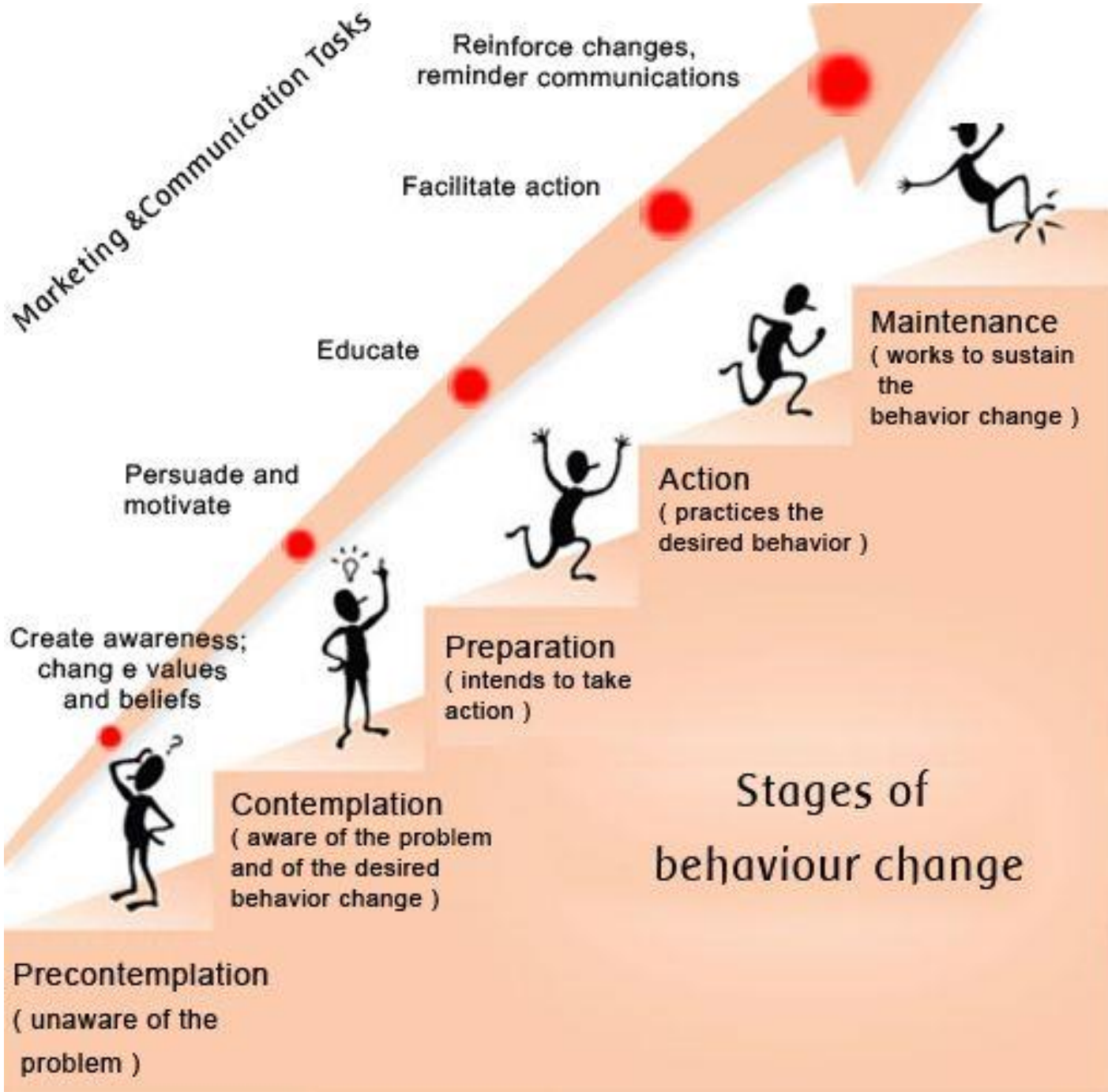
Transtheoretical Model of Change

Prochaska, J.O. and DiClemente, C.C. (1984). The transtheoretical approach: Crossing the traditional boundaries of therapy. Melbourne, Florida: Krieger Publishing Company.
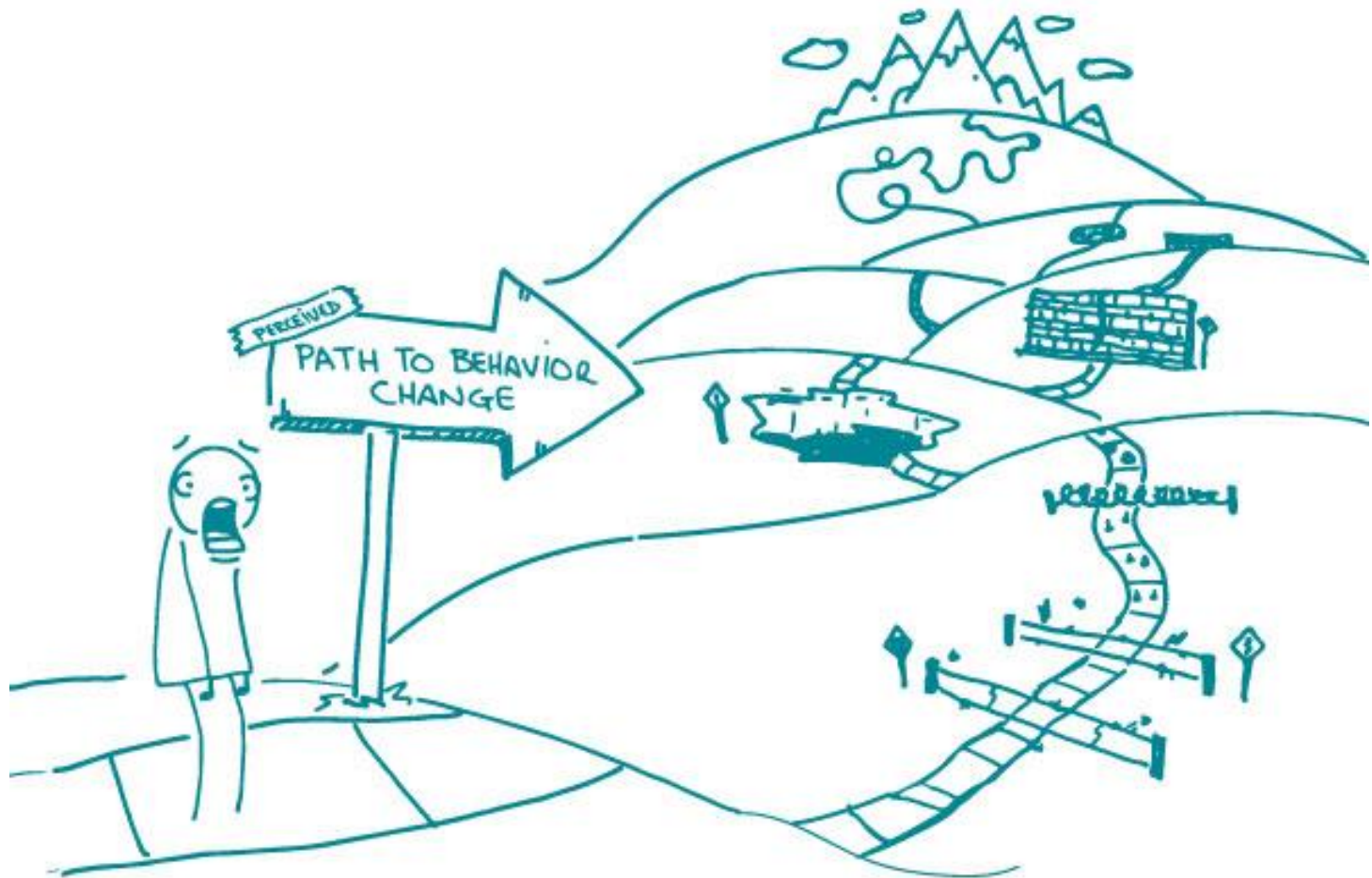
https://www.instituteforwellness.com/the-ttm-model-of-change/
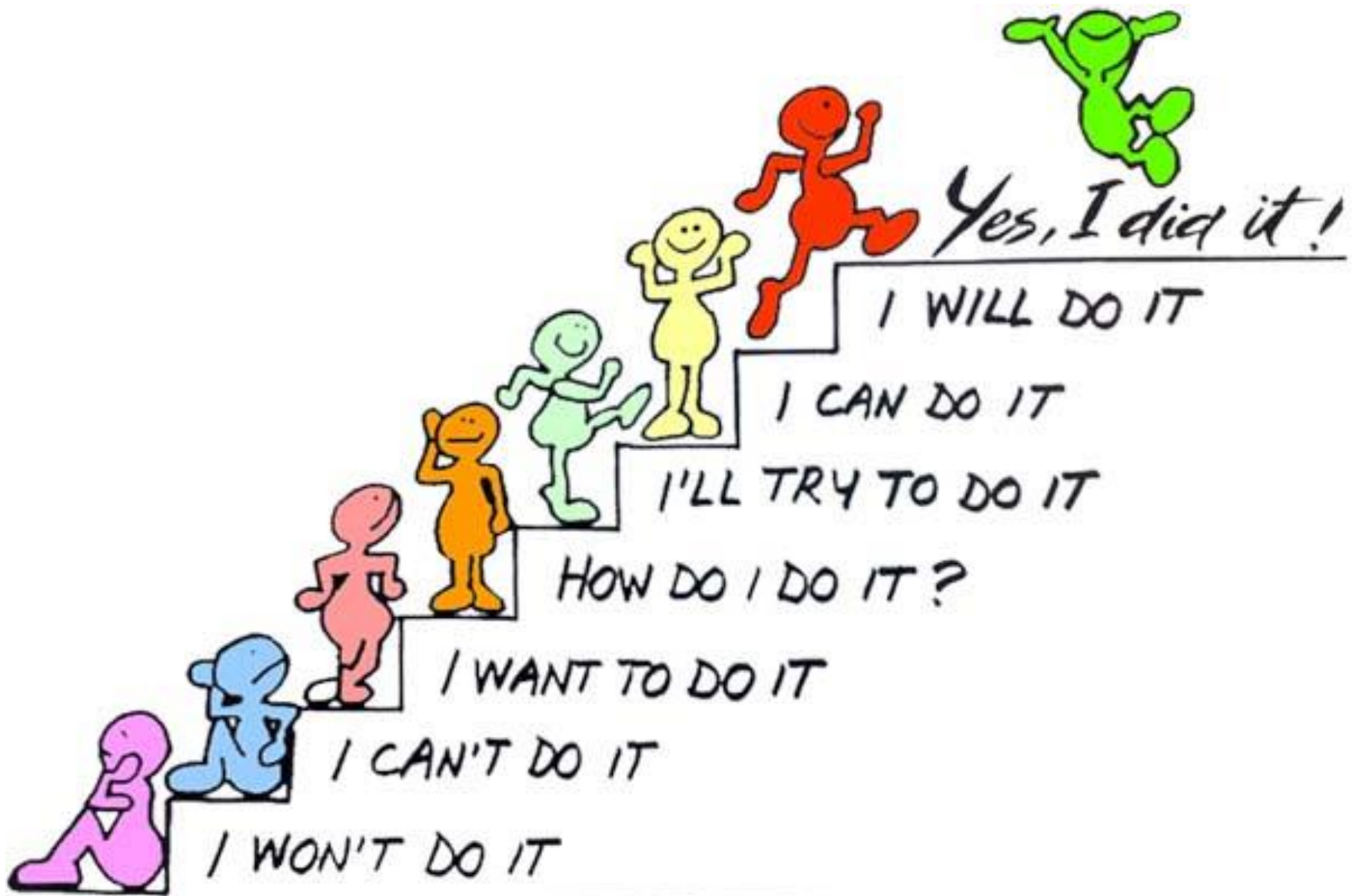
Marketing &Communication Tasks

Reinforce changes, reminder communications

Facilitate action

Educate

Persuade and motivate

Create awareness; chang e values and beliefs

Maintenance
(works to sustain the behavior change)

Action
(practices the desired behavior)

Preparation
(intends to take action)

Contemplation
(aware of the problem and of the desired behavior change)

Precontemplation
(unaware of the problem)

Stages of behaviour change

Theory of reasoned action
Theory of planned behaviour
The reasoned action approach

Martin Fishbein (1936-2009)
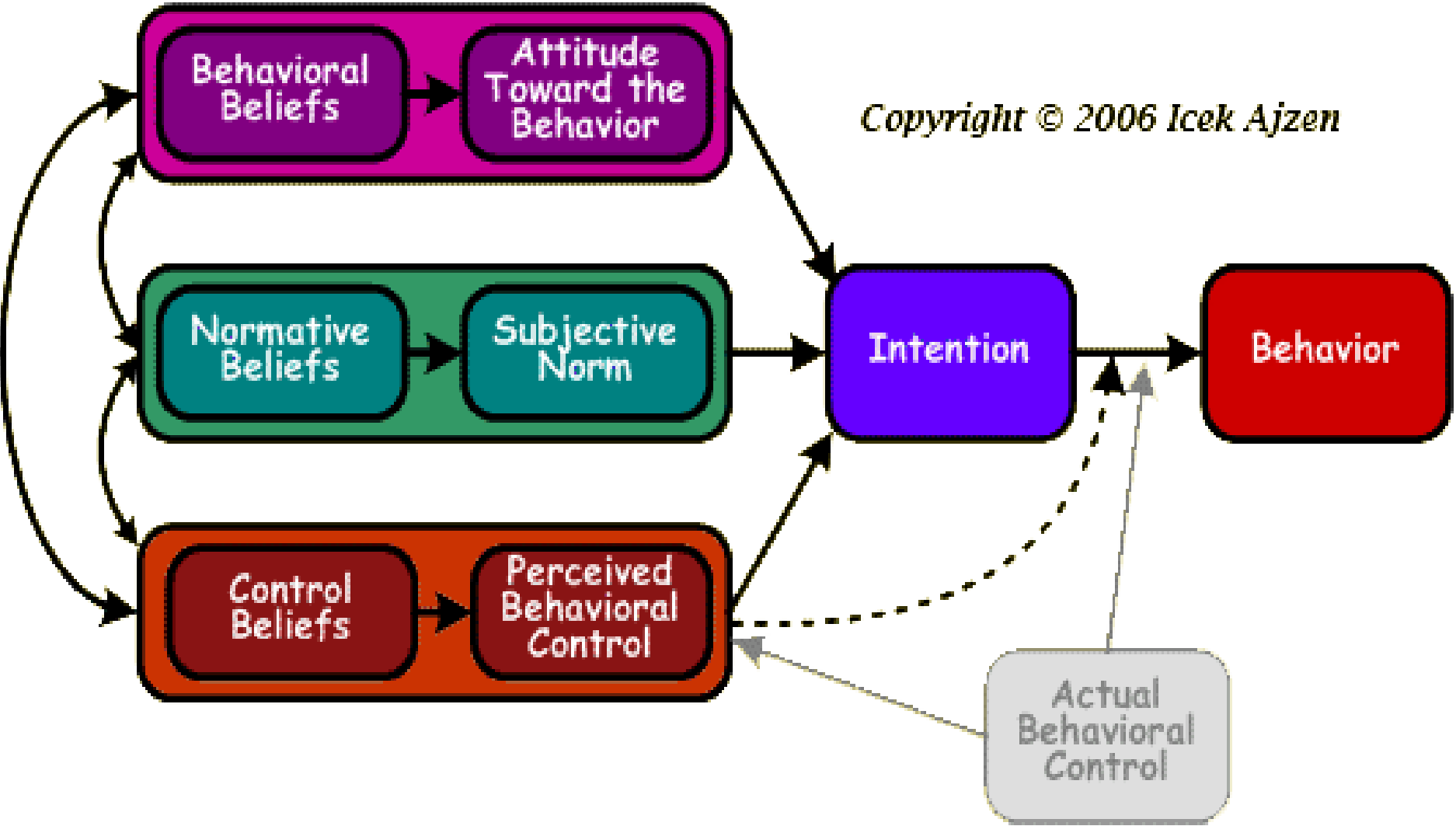

Icek Ajzen (1942)

(ATTITUDE)
DO I LIKE IT?

(SOCIAL NORM)
WHAT DO OTHERS THINK OF THIS?

DO I HAVE THE RIGHT SKILLS TO DO THIS?
(SELF EFFICACY)

+
+
+

Intention to do it
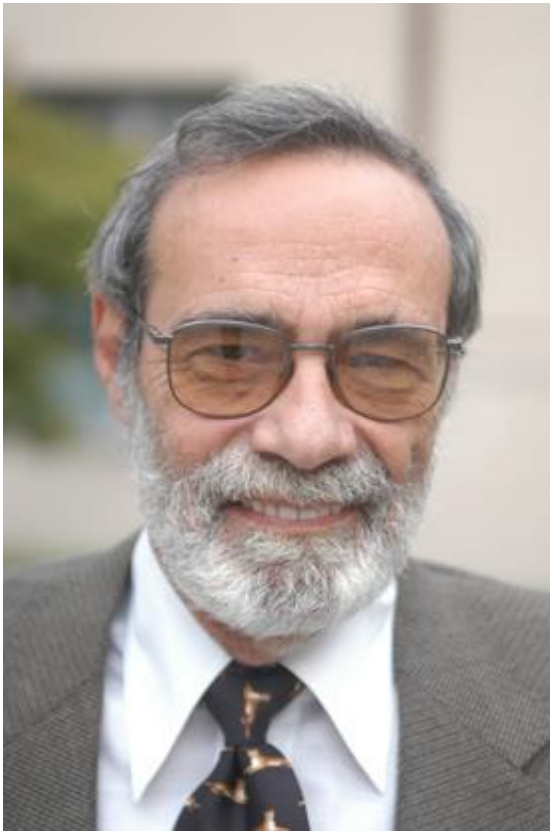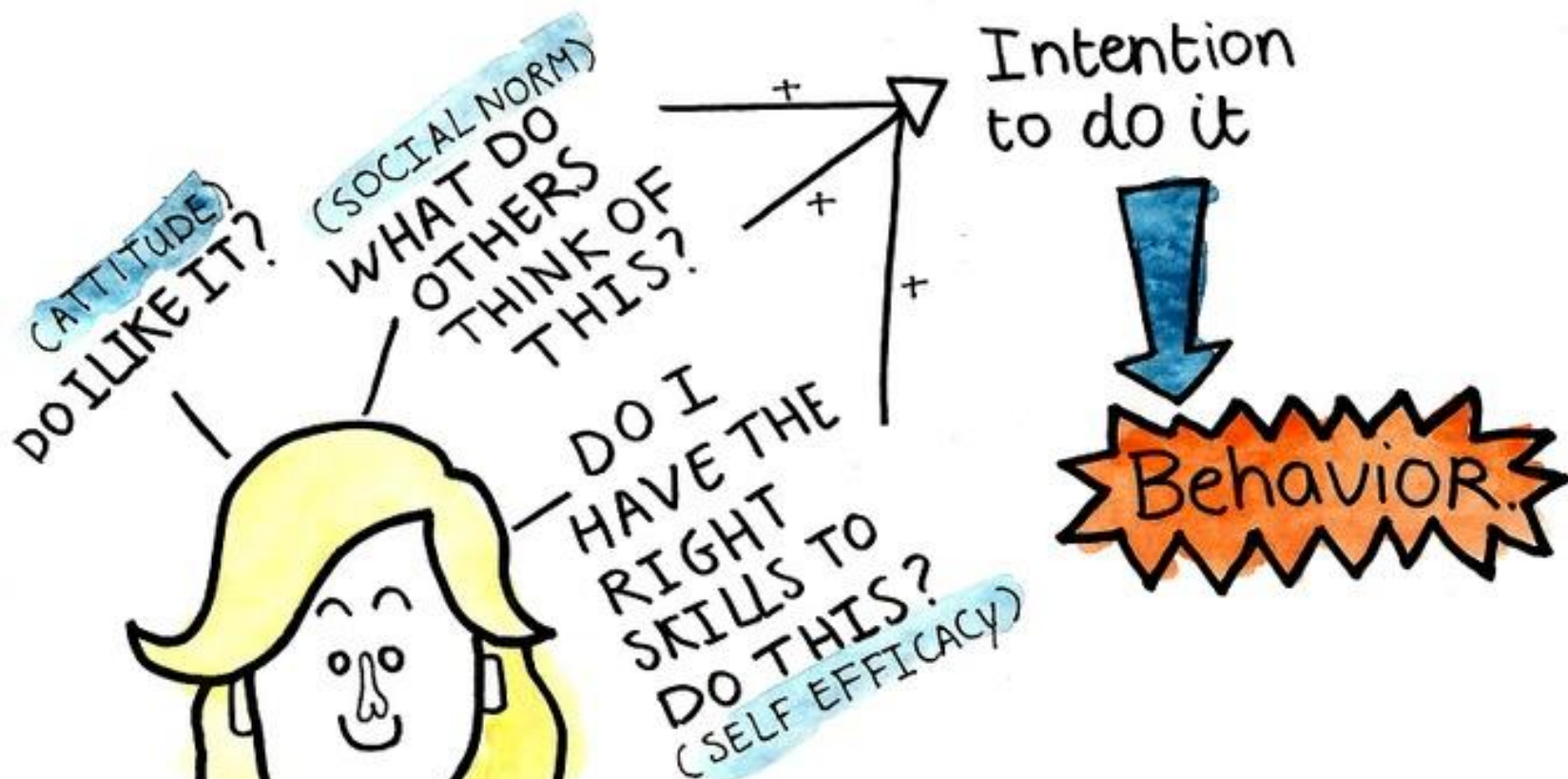
Behavior.

communication science, by @isbenjulie.

theory of planned behavior
Fishbein & Ajzen.

Copyright © 2006 Icek Ajzen
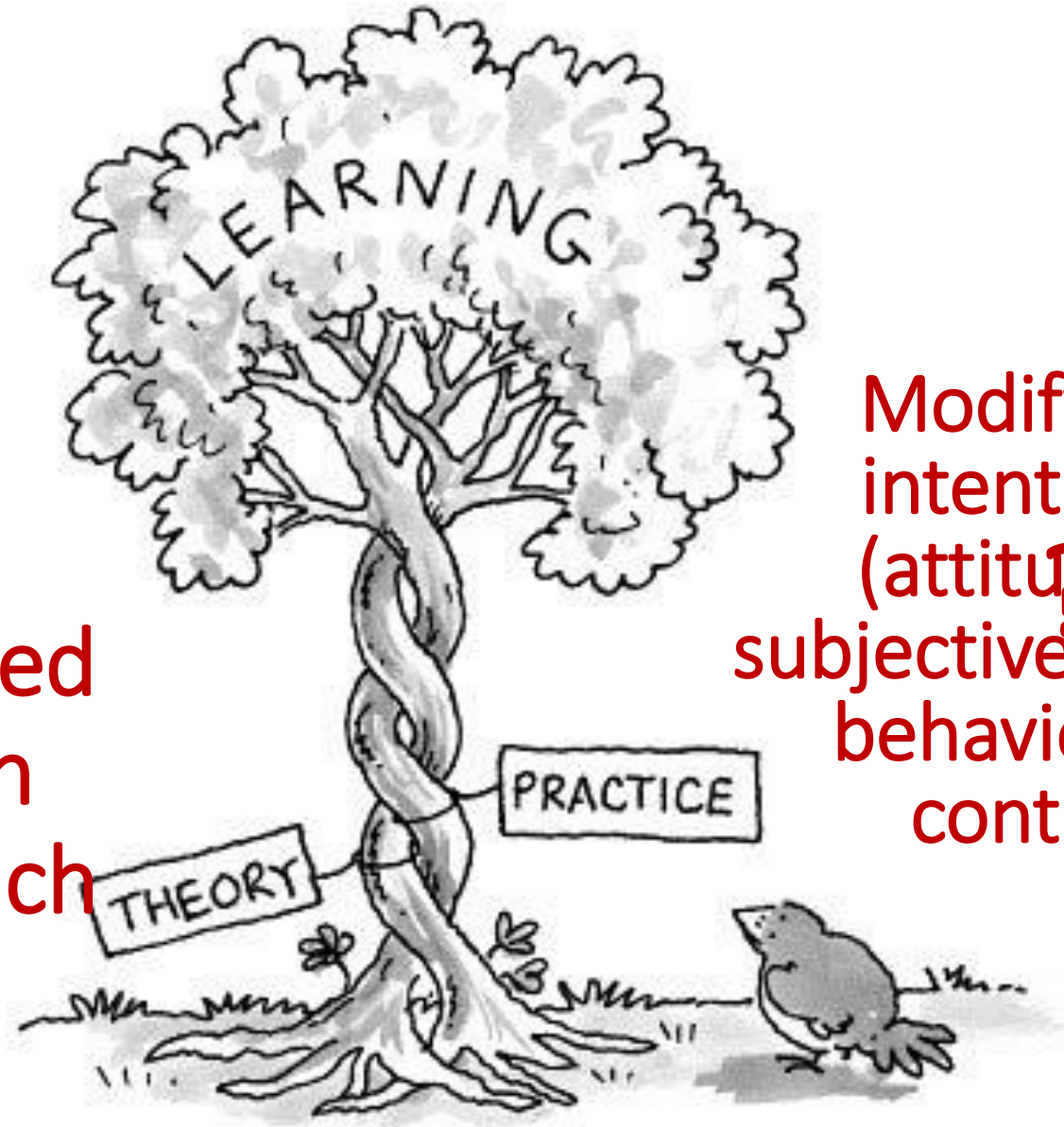
Copyright © 2017 Icek Ajzen
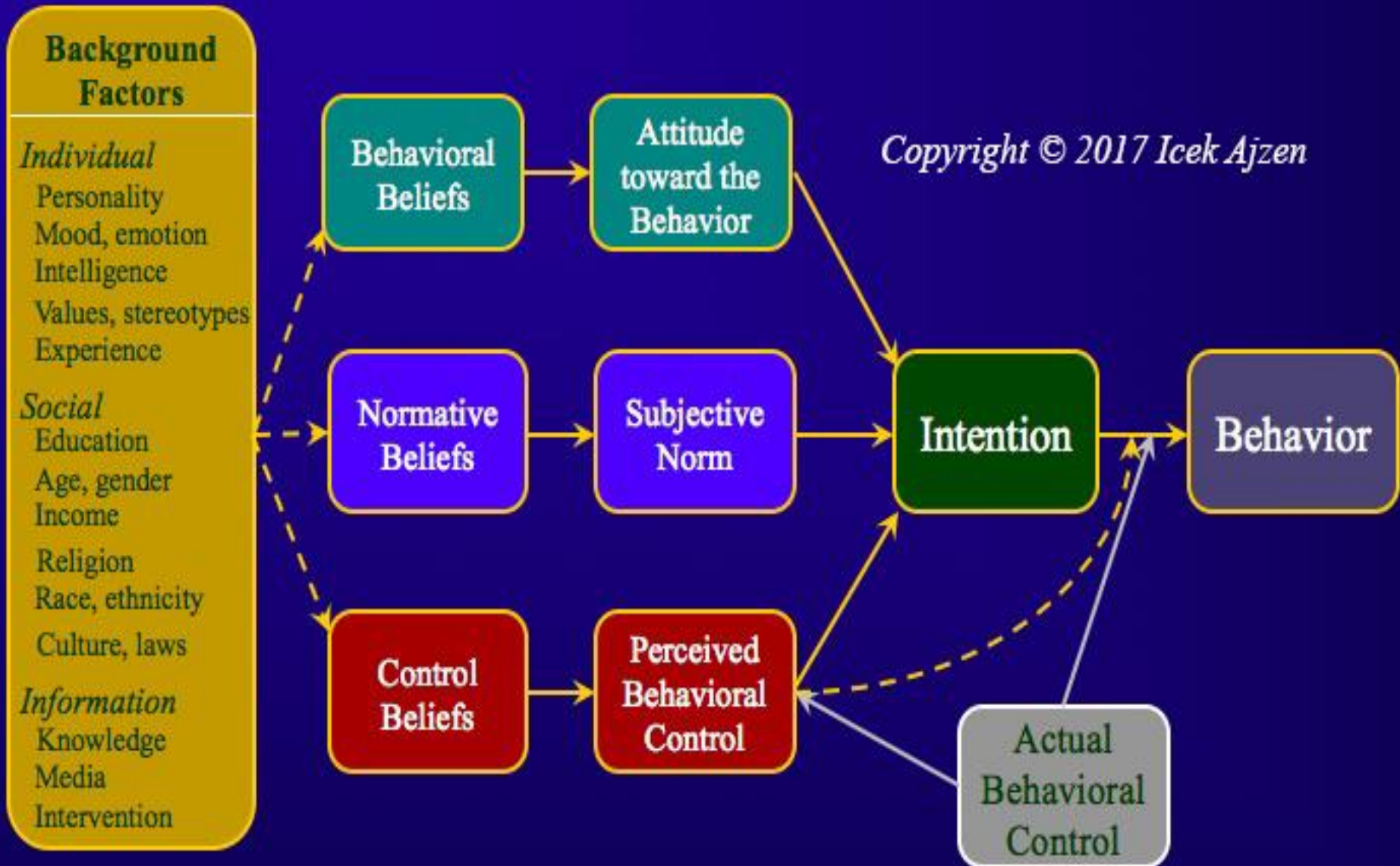
The reasoned action approach

Modifying intentions (attitudes, subjective norms, behavioural control ?

Questionnaire

MARKERS OF GOOD SCIENCE	MARKERS OF BAD SCIENCE
It makes claims that can be tested and verified	Has failed to convince many mainstream scientists of its truth
It has been published in a peer reviewed journal (but beware... there are some dodgy journals out there that seem credible, but aren't.)	Is not based on experiments that can be reproduced by others
It is based on theories that are discussed and argued for by many experts in the field	Contains experimental flaws or is based on data that does not convincingly corroborate the experimenter's theoretical claims
It is backed up by experiments that have generated enough data to convince other experts of its legitimacy	Comes from overconfident fringe experts
Its proponents are secure enough to accept areas of doubt and need for further investigation	Uses over-simplified interpretations of legitimate studies and may combine with imprecise, spiritual or new age vocabulary, to form new, completely untested theories.
It does not fly in the face of the broad existing body of scientific knowledge	Speaks dismissively of mainstream science
The [proponent] works for a university and/or has a phD or other bona fide high level scientific qualification	

https://sigmanutrition.com/drawing-a-line-in-the-evidence-based-sand/