Prevention Across the Lifespan

Participant Workbook

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Learning Objectives:

By the end of this training participants will be able to:

- Discuss the importance of a lifespan focus to effective prevention practice
- Discuss theories of human development as they relate to life transitions
- Apply prevention theories to prevention practice across the lifespan
- Identify additional available resources that relate to prevention across the lifespan

Risk and Protective Factors

Prevention according to the risk factors/protective factors theory is based on a simple premise: to prevent a problem, we need to identify the factors that increase the risk that the problem will develop and then find ways to reduce the risk. At the same time, we must identify those protective factors that buffer individuals from the risk factors in their environments and then find ways to increase the protection.

A DEVELOPMENTAL PERSPECTIVE ON RISK AND PROTECTIVE FACTORS

Preventive interventions for young people are intended to avert mental, emotional, and behavioral problems throughout the life span. These interventions must be shaped by developmental and contextual considerations, many of which change as children progress from infancy into young adulthood. To develop effective interventions, it is essential to understand both how developmental and contextual factors at younger ages influence outcomes at older ages and how to influence those factors. The concept of risk and protective factors is central to framing and interpreting the research needed to develop and evaluate interventions.

Defining Risk and Protective Factors

Kraemer, Kazdin, and colleagues (1997) define a risk factor as a measurable characteristic of a subject that precedes and is associated with an outcome. Risk factors can occur at multiple levels, including biological, psychological, family, community, and cultural levels. They differentiate risk factors for which there is within-subject change over time (variable risk factors) from those that do not change (e.g., gender, ethnicity, genotype—fixed markers) (Kraemer, Kazdin, et al., 1997). Causal risk factors are those that are modifiable by an intervention and for which modification is associated with change in outcomes. A risk factor that cannot be changed by an intervention or for which change in the factor has not been demonstrated to lead to a change in an outcome is considered a variable marker.

Protective factors are defined as characteristics at the individual, family, or community level that are associated with a lower likelihood of problem outcomes. The distinctions between risk factors discussed above can also be applied to protective factors. The term "protective factors" has also been used to refer to interactive factors that reduce the negative impact of a risk factor on a problem outcome, or resilience (Luthar, 2003). It is often difficult to distinguish the effect of protective factors from that of risk factors, because the same variable may be labeled as either depending on the direction in which it is scored (e.g., good parenting versus poor parenting, high self-esteem versus low self-esteem—Masten, 2001; Luthar, 2003). For example, in a meta-analytic review of studies of risk and protective factors, Crews et al. (2007) reported that low academic achievement was a risk factor for externalizing problems, whereas adequate academic performance was a protective factor.

Source: National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press. Pp. 81-82.

RISK FACTORS

	Individual	Family	School/Community
Infancy & Early Childhood	Difficult temperament	Cold and unresponsive mother behavior Parental drug/alcohol use	
Middle Childhood	Poor impulse control Sensation-seeking Lack of behavioral self-control Impulsivity Early persistent behavior problems Attention deficit/hyperactivity disorder Anxiety Depression Antisocial behavior	Parent-child conflict Low parental warmth Parental hostility Harsh discipline Child abuse/maltreatment Substance use among parents or siblings Parental favorable attitudes toward alcohol and/or drug use Inadequate supervision and monitoring Low parental aspirations for child Lack of or inconsistent discipline	School failure Low commitment to school Peer rejection Deviant peer group Peer attitudes toward drugs Alienation from peers Law and norms favorable toward alcohol and drug use Availability and access to alcohol
Adolescence	Emotional problems in childhood Conduct disorder Favorable attitudes toward drugs Rebelliousness Early substance use Antisocial behavior	Substance use among parents Lack of adult supervision Poor attachment with parents	School failure Low commitment to school Not college bound Aggression toward peers Associating with drug-using peers Societal/community norms about alcohol and drug use
Early Adulthood	Lack of commitment to conventional adult roles Antisocial behavior	Leaving home	Attending college Substance-using peers

Source: National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press.

PROTECTIVE FACTORS

	Individual	Family	School/Community
Infancy & Early Childhood	Self-regulation Secure attachment Mastery of communication and language skills Ability to make friends and get along with others	Reliable support and discipline from caregivers Responsiveness Protection from harm and fear Opportunities to resolve conflict Adequate socioeconomic resources for the family	Support for early learning Access to supplemental services such as feeding, and screening for vision and hearing Stable, secure attachment to childcare provider Low ratio of caregivers to children Regulatory systems that support high quality of care
Middle Childhood	Mastery of academic skills (math, reading, writing) Following rules for behavior at home, school, and public places Ability to make friends Good peer relationships	Consistent discipline Language-based rather than physically-based discipline Extended family support	Healthy peer groups School engagement Positive teacher expectations Effective classroom management Positive partnering between school and family School policies and practices to reduce bullying High academic standards
Adolescence	Positive physical development Academic achievement/intellectual development High self-esteem Emotional self-regulation Good coping skills and problem-solving skills Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture	Family provides structure, limits, rules, monitoring, and predictability Supportive relationships with family members Clear expectations for behavior and values	Presence of mentors and support for development of skills and interests Opportunities for engagement within school and community Positive norms Clear expectations for behavior Physical and psychological safety

Early Adulthood	Identity exploration in love, work, and world view Subjective sense of adult status Subjective sense of self-sufficiency, making independent decisions, becoming financially independent Future orientation Achievement motivation	Balance of autonomy and relatedness to family Behavioral and emotional autonomy	Opportunities for exploration in work and school Connectedness to adults outside of family

Source: National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press.

GENERALIZATIONS ABOUT RISK AND PROTECTIVE FACTORS

- **Risks exist in multiple domains.**
  Risk factors exist in all areas of life—community, family, school, and individual/peer relations. If a single risk factor is addressed in a single area, problem behaviors may not be significantly reduced. Communities should focus on reducing risks in all areas. However, each risk factor is specific to its domain. For example, the risk factor of "extreme economic deprivation" is a community level risk factor, not a family level risk factor.

- **The more risk factors are present, the greater is the risk.**
  While exposure to one risk does not condemn a child to problems later in life, exposure to a greater number of risk factors increases a young person's risk exponentially. Even if a community cannot eliminate all the risk factors, reducing or eliminating even a few risk factors may significantly decrease problem behaviors of young people in that community.

- **Common risk factors predict diverse problem behaviors.**
  Since many individual risk factors predict multiple problems, the reduction of risk factors is likely to reduce a number of different problems in the community.

- **Risk factors appear to consistently affect different races and cultures.**
  While levels of risk may vary in different racial or cultural groups, the way these risk factors work does not appear to vary. One implication for community prevention is to prioritize prevention efforts for groups with higher levels of risk exposure.

- **Protective factors may buffer exposure to risk.**
  Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood that problem behaviors will arise. However, the opposite of every risk factor is NOT

necessarily a protective factor. For example, although academic failure is a risk factor, academic success is not a protective factor by itself. Only if academic success is part of opportunities, skills & recognition does it function as a protective factor.

RISK AND PROTECTIVE FACTOR SMALL GROUP DISCUSSION

Which risk and protective factors for youth might also function as risk and protective factors for adults?
What are some other domains in adults' lives that might contain risk and protective factors?
What other risk and protective factors might we suggest for adults?

THE HUMAN BRAIN:

VIDEO: What is So Special About the Human Brain?

Questions:

How much does the human brain weigh? _____

How much of the body's energy does it use? _____

How many neurons does the human brain have? _____

How many neurons are in the cerebral cortex? _____

How many hours a day does a gorilla need to eat to maintain his brain (neurons)? _____

What do humans do that frees us up to have free time? _____

What is the human advantage? _____

What do we do that allows us to reach the large number of neurons? _____

ADOLESCENT BRAIN DEVELOPMENT SMALL GROUP DISCUSSION

In your small groups discuss:

If brain development during adolescence doesn't result in the capacity for:

- higher thinking
- control of emotions and judgment
- association between actions and consequence

which adolescent risk factors might be more likely to continue into adulthood?

_____

_____

_____

_____

_____

TIME MACHINE ACTIVITY SMALL GROUP ACTIVITY

Think back to one specific stage of your life and list what was most important to you at that time.
When you have completed your list, please share it with others at your table. What were some similarities and differences?
How your priorities have shifted over time?
How could this relate to social development and prevention needs?

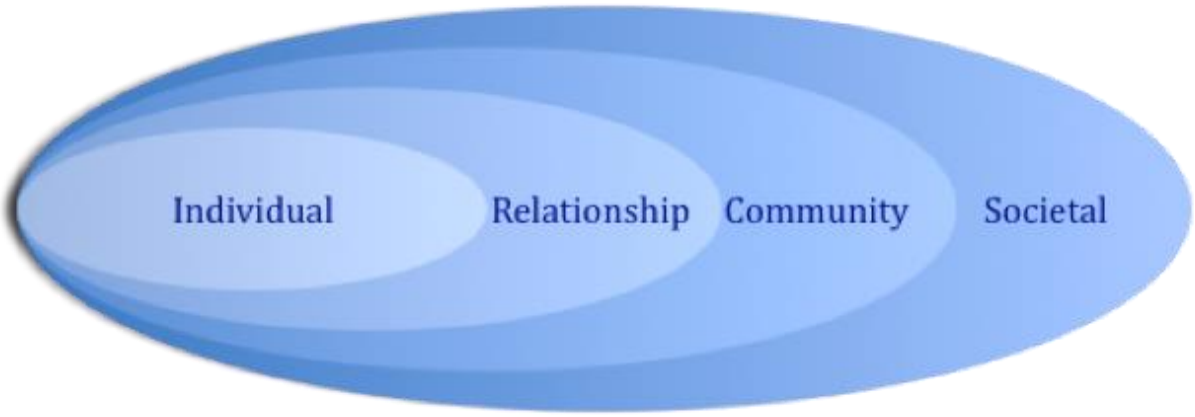
Summary of Erickson's Stages

Stages	Psychosocial Crises	Task	Significant relations	Basic Strength	Core Pathology
Infancy	Basic trust vs. mistrust	Needs maximum comfort with minimal uncertainty to trust himself, others, and the environment	Maternal person	Hope	Withdrawal
Early Childhood	Autonomy vs. shame, doubt	Works to master physical environment while maintaining self-esteem	Parental persons	Will	Compulsion
Play Age	Initiative vs. guilt	Begins to initiate, not imitate, activities; develops conscience and sexual identity	Basic Family	Purpose	Inhibition
School Age	Industry vs. inferiority	Tries to develop a sense of self-worth by refining skills	"Neighbor-hood" and school	Competence	Inertia
Adolescence	Identity vs. identity confusion	Tries integrating many roles (child, sibling, student, athlete, worker) into a self-image under role model and peer pressure	Peer groups and Outgroups; Models of Leadership	Fidelity	Repudiation
Young Adulthood	Intimacy vs. isolation	Learns to make personal commitment to another as spouse, parent or partner	Partners in friendship, sex, competition, cooperation	Love	Exclusivity
Middle-Age Adulthood	Generatively vs. stagnation	Seeks satisfaction through productivity in career, family, and civic interests	Divided Labor and shared household	Care	Rejectivity
Old Age	Integrity vs. despair	Reviews life accomplishments, deals with loss and preparation for death	Mankind or "my kind"	Wisdom	Disdain

DEVELOPMENTAL STAGES SMALL GROUP ACTIVITY

Assigned Stage of Development:
What stressful tasks must be overcome by members of this age group according to Erikson?
What risk or protective factors may make these stressful tasks better or worse?

The Socio-Ecological Model



The Socio-Ecological Model illustrates the complex series of interactions that occur between the individual and the three external domains that can result in substance use and other problem behaviors.

Individual or Intrapersonal factors - characteristics of the individual such as knowledge, attitude, behavior, self-concept, skills

Family/Relationship or Interpersonal - formal and informal social networks and social support systems, including family, work groups, and friendships

Community factors - social institutions with organizational characteristics and formal and informal rules and regulations for operation; Relationships among organizations, institutions, and informal networks within defined boundaries

Society (Public Policy) - local, state, and national laws and policies

Adapted from CDC Publication: Sexual Violence Prevention: Beginning the Dialogue accessible at:
http://www.cdc.gov/ncipc/dvp/SVPrevention.htm

The Socio-Ecological Model: Strategies for Prevention

Individual	Family/Relationship	Community	Society
Strategy: °Prevention curriculum °Mentoring °Counseling and therapeutic intervention	Strategy: °Mentoring programs °Educational/support programs for family/friends °Parent training	Strategy: °Community forums °Professional training °Social norms projects °Community education °Policy change	Strategy: °Media campaigns °Public education campaign °Social marketing campaigns °Policy changes that support gender equity °Legislation

The Social Ecological Model: Suggested Strategies by Age Group

Young Adults

Individual

Help increase favorable behaviors, increase friends who engage in positive behavior
Increase opportunities, skills, recognition, and bonding

Family/Relationship

Increase family mgt., decrease family conflicts, increase parental attitudes and involvement
Increase opportunities, skills, recognition, and bonding

Community

Help increase social support systems, decrease negative social norms, increase neighborhood attachment and community organization
Increase opportunities, skills, recognition, and bonding

Society

Increase societal positive norms, increase positive society value on positive beliefs, norms, and policies surrounding ATOD
Increase opportunities, skills, recognition, and bonding

Middle Aged Adults

Individual

Help increase favorable behaviors, increase friends who engage in positive behavior, create empowering beliefs and self-worth
Increase opportunities, skills, recognition, and bonding

Family/Relationship

Increase family mgt., decrease family conflicts, increase parental attitudes and involvement, and roles in family (grandparent role identification)
Increase opportunities, skills, recognition, and bonding

Community

Help increase social support systems, decrease negative social norms, create support systems for individuals with similar age groups, create support groups for the transitioning from adult into retirement
Increase opportunities, skills, recognition, and bonding

Society

Increase positive society value on positive beliefs, norms, and policies surrounding ATOD, increase social support for aging communities
Increase opportunities, skills, recognition, and bonding

Older Adults

Individual

Help increase favorable behaviors, increase friends who engage in positive behavior, create empowering beliefs and self-worth, help establish a purpose for them self
Increase opportunities, skills, recognition, and bonding

Family/Relationship

Decrease family conflicts; restructure roles in family (grandparent role and purpose identification)
Increase opportunities, skills, recognition, and bonding

Community

Help increase social support systems, create support systems for individuals with similar age groups, decrease social norms about elderly population, and create empowering beliefs and abilities of elderly
Increase opportunities, skills, recognition, and bonding

Society

Increase positive society value on positive beliefs, norms, and policies surrounding ATOD, increase social support for aging communities, create new purposes for the elderly population.
Increase opportunities, skills, recognition, and bonding

Older Adults and Alcohol Use
WHAT DO YOU THINK?

Circle the response which most clearly indicates the way you feel about each statement. You will be asked to share your responses in a small group discussion.

SA=Strongly Agree A=Agree U=Undecided D=Disagree SD=Strongly Disagree

1. Only older adults who consistently drink a lot of alcohol have an alcohol problem.
   SA A U D SD

2. Over-the-counter medicines and alcohol can be used together safely.
   SA A U D SD

3. If alcohol and medication misuse were a problem, the doctor would tell the older adult.

   SA A U D SD

4. Age related changes make older adults more sensitive to the effects of alcohol.
   SA A U D SD

5. Very few women become alcoholics.
   SA A U D SD

6. Treating substance abuse problems in older adults is a waste of time and effort because it is too late to change.
   SA A U D SD

7. It is easy to tell when an older adult has an alcohol use use problem.
   SA A U D SD

8. If an older adult says that drinking is his or her last remaining pleasure, it is generally best to allow the person to continue to drink.
   SA A U D SD

9. Nonuse of alcohol is the only safe and healthy decision forolder adults
   SA A U D SD

10. It is difficult or impossible for family members or caregivers who use alcohol to talk with an older adult about the use or nonuse of alcohol.
    SA A U D SD

BRINGING IT ALL TOGETHER GROUP ACTIVITY

Assigned age group:
What prevention activity would be effective for this age group? Consider risk and protective factors, web of influence, activities, and possible community partners.
Group recorder:
Group presenter:

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