



Prevention: What You Probably Don't Know About What Really Works

Heather Harlan, CRPS
Spring Training Institute
Tantara Resort, Osage Beach MO
Friday, May 29, 2015

Goals of this session:

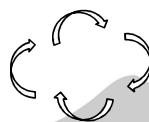
- **How prevention professionals achieve change** to lower the number of youth who use drugs,
- **Why we know more about prevention of SUDs** than treatment of them,
- **How prevention fits** into the “prevention, early intervention, treatment, recovery continuum,” and
- **What you can do** to support this effective work in the mental/public health field.

How do prevention professionals achieve change to lower the number of youth who use drugs?

Get into groups:

- 1) Prevention professionals
- 2) Mental health professionals
- 3) Neither of the above

Each group create a flow chart



- 1) **Prevention professionals**
List out what co-workers think you do step by step
- 2) **Mental health professionals (5-6 in a group)**
Create flow chart with steps you take to treat someone with MH issues or SUD
- 3) **Neither of the above?**
Create flow chart of how your doctor might treat you if you had a broken arm.

Compare lists

Some common elements:

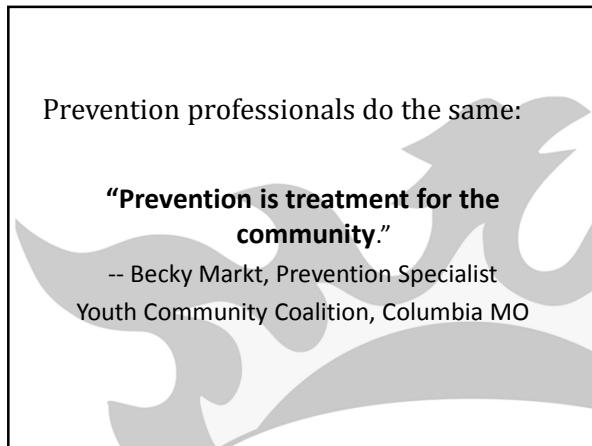
- **Answering the question: What's going on?**
MH—interview the patient, case history
Broken arm—x-ray
- **Create plan to treat the client/patient:**
MH—use info from interview to recommend type of therapy, how often, referral for medication
Broken arm—use results of x-ray to decide surgery?
More . . .

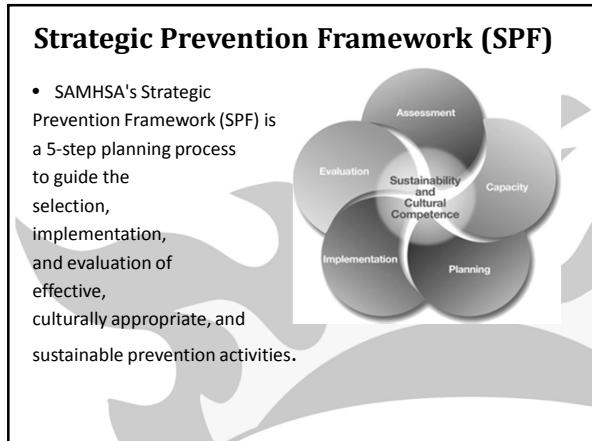
Some common elements:

- **Work the treatment plan:**
MH—keep appointments, medications, try out new coping skills between appts.
Broken arm—set the bone, wait prescribed # of weeks. More. . .

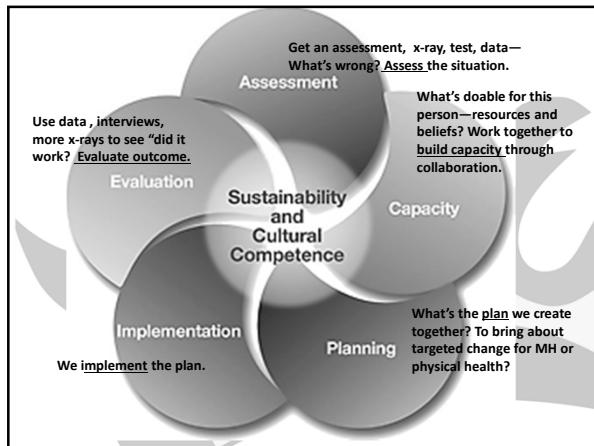
Some Common Elements:

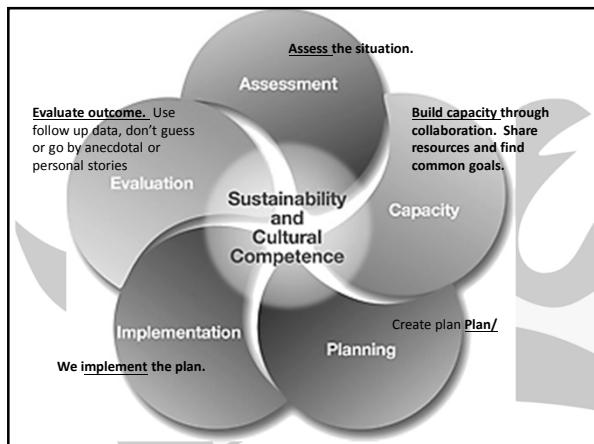
- **How well did it work?**
 - MH—is client functioning better, mood, housing, employment, relationships, coping skills, quality of life?
 - Broken arm—did the bone heal? Is the patient able to use the arm? Function restored?

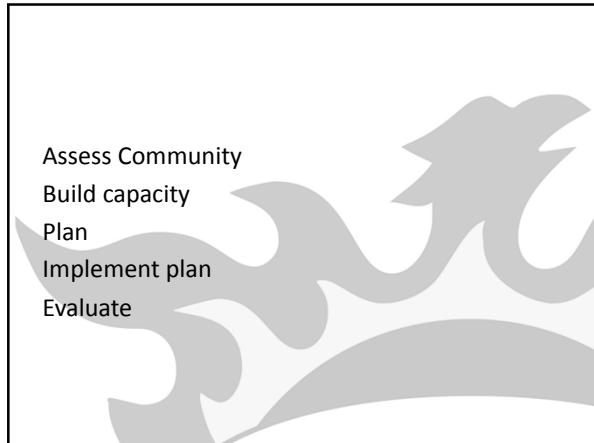












Why we know more about prevention of SUDs than treatment of them.

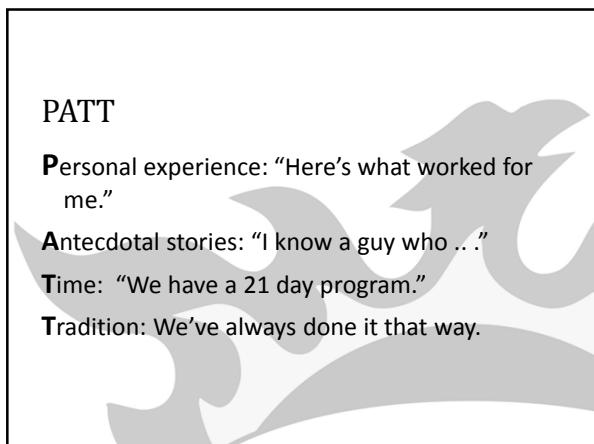
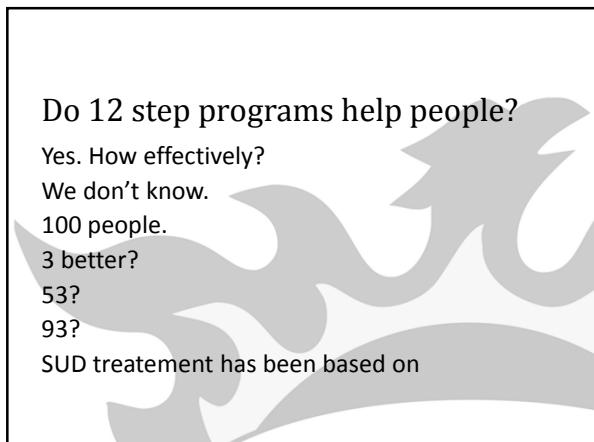
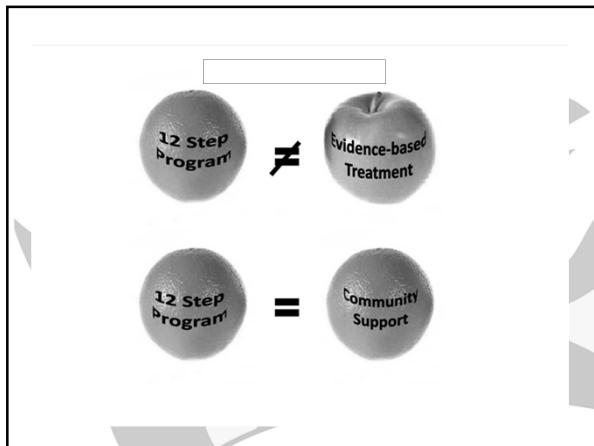
Say what?

How can that be?

“It is an odd fact (true mostly in the United States) that the treatment approach in rehabs is almost invariable 12-step . . .”

--Beyond Addiction: How Science and Kindness Help People Change

Foote, Wikens, Kosanke, Higgs



Lack of follow-up to know what's effective in treatment.

Evaluation piece.

Difficult population to track and find out how effective a particular treatment is over time.

Prevention--

Newer field

Relies on data, research and what's been proven to have an effect.

90 % of addictions begin during adolescence.

Focus on data on youth.

Easier population to track.

How does prevention fits into the “prevention, early intervention, treatment, recovery continuum?”

Neuroscience

Development of stronger, repeated pathways to effort driven rewards.

Prevention, treatment and recovery:

All depend on reward pathways that lead to acquisition of skill sets to be successful in life.

Prevention: sufficient opportunities to learn coping skills to succeed and enjoy life.
Treatment: strategic and extensive planning to avoid the former "artificial rewards" while of using while *creating new* reward pathways to pro-social behaviors and coping skills. (not just STOP).
Recovery: taking time to practice and *strengthen* reward pathways to successfully compete with former artificial rewards.

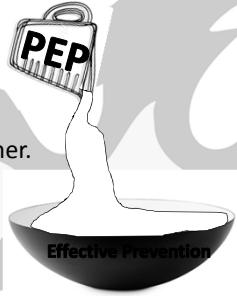
What you can do to support this effective work in the mental/public health field and How can it help YOU?



Add PEP for effective prevention

- Policy
- Enforcement
- Public Opinion

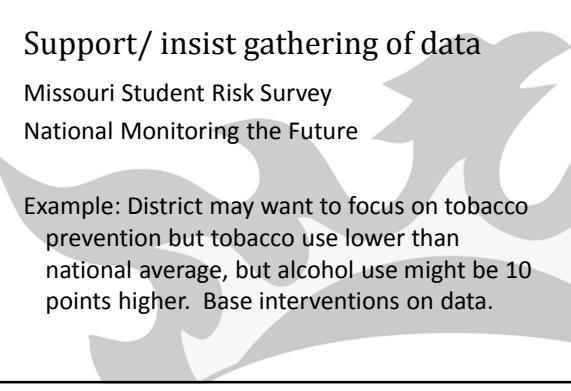
All three must move together.

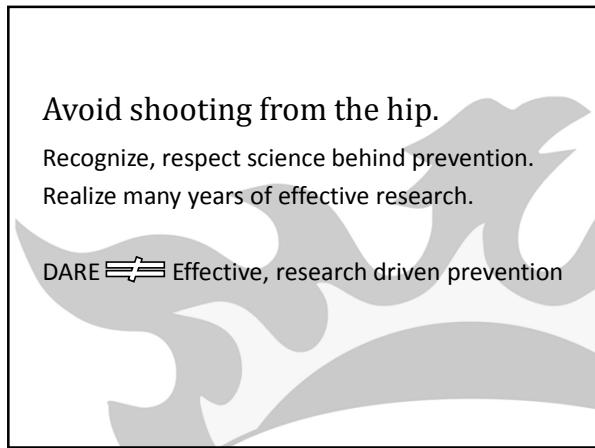


Support/ insist gathering of data

Missouri Student Risk Survey
National Monitoring the Future

Example: District may want to focus on tobacco prevention but tobacco use lower than national average, but alcohol use might be 10 points higher. Base interventions on data.



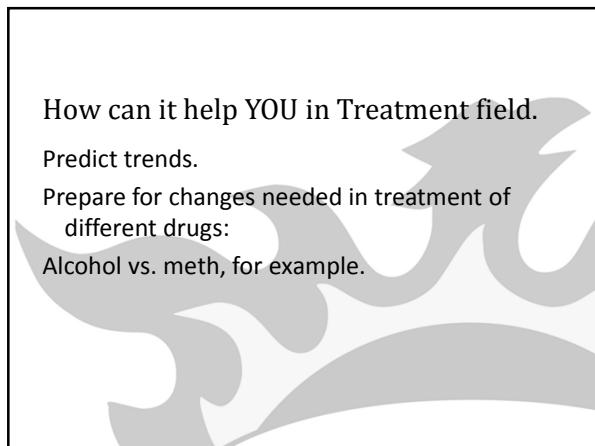


Avoid shooting from the hip.

Recognize, respect science behind prevention.

Realize many years of effective research.

DARE  Effective, research driven prevention



How can it help YOU in Treatment field.

Predict trends.

Prepare for changes needed in treatment of different drugs:

Alcohol vs. meth, for example.

