



Educator Q&A

1. Why should I integrate prevention material into my training of social workers?

Social work students often get a great deal of training in how to address social problems once they have become significant issues in people's lives. This treatment-oriented training is valuable and helps many young people and their families after they are already involved in the juvenile justice system, have been diagnosed with mental health problems, are seeking substance use treatment, or are dropping out of school. But what if social workers could help prevent youths and their families from ever experiencing these challenges? There are a number of reasons we should invest in prevention training:

1. Preventing problems before they have begun or have reached serious levels means many young people and their families will experience less tension, conflict, and suffering.
2. Treating problems once they are severe is very difficult; patterns have been established and these patterns are difficult to change.
3. Prevention is effective; decades of research have produced effective strategies for helping young people and their communities avoid problems.
4. Treatment can be quite expensive; intervening intensively once problems severe requires infrastructure and personnel that costs a lot.
5. Prevention saves money; research shows that prevention saves money by avoiding "deeper end" system involvement.
6. Disparities in behavioral health problems exist; communities of disadvantage often do not have equitable access to preventive and wellness-enhancing opportunities.

Social workers are ideally positioned to work across systems and partner with communities to understand what health and wellness looks like and identify strategies for reaching communities' goals. Prevention training will give social work students skills in understanding the strengths and concerns in a community and selecting and implementing strategies for building on strengths and preventing key problems. Social workers can serve as advocates to increase access to prevention programming and opportunities in marginalized communities to reduce behavioral health inequities.

2. How will these prevention modules help me integrate prevention into my teaching?

Social work educators cover a lot of ground. These prevention training modules are designed to be easily integrated into foundation courses. Each module requires 1–3 hours of class time, allowing educators to pick them up and use them in one class session of their course. Foundation courses focused on social work theory (e.g., human behavior in the social environment) can integrate the *Introduction to Prevention Theory and Concepts Module* in one class session to teach students about creating opportunities for youth bonding, recognition, and skill building while understanding risk and protective factors to prevent certain problems. Foundation courses on social work clinical practice can integrate the *Direct Practice in Prevention Module* into one class session to give students a chance to



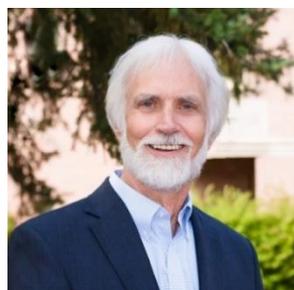
practice facilitating an existing evidence-based prevention program LifeSkills Training (LST). Educators of macro practice foundation courses can use the *Community Prevention Practice Module* to introduce students to creating community coalitions to engage community-wide prevention efforts. Each of these modules provides brief background information and concepts before diving deeper into the specified module focus. Any instructor could pick up the module and, with minimal preparation, use it during a class session, as each module provides lecture notes, activities, case studies, and discussion questions that are ready to use. The modules will have the most benefit if instructors across theory, clinical and macro courses use them in their courses. The case studies used are consistent across all modules, so students will be exposed to how to think about prevention from a theoretical, micro, and macro lens.

3. How do these prevention modules train social workers to address social inequities?

Disparities in behavioral health problems persist across communities. Prevention can be employed to reduce these disparities by building on existing strengths and assets in communities and creating opportunities for greater bonding, recognition, and skill-development. Prevention can increase youths' and families' access to opportunities that enhance well-being but are too often disproportionately provided in affluent schools or neighborhoods. In providing prevention in disadvantaged communities, young people are less likely to be disproportionately involved in punitive or pathologizing social service systems in the future. These prevention training modules help students understand how prevention can be used to partner with communities to realize their goals of wellness and health. Social determinants of health are introduced to inform teach students why disparities exist, and nuanced case studies help students apply prevention concepts across students with diverse identities, experiences, and situations. Modules explicitly challenge students to understand how communities with histories of oppression and colonization might be cautious or skeptical of evidence-based prevention programming, and they encourage students to imagine how they can serve as partners to existing formal and informal helpers that build on communities' strengths and assets. In this way, social work students will understand how to identify effective prevention strategies and think critically about how to partner with specific communities to determine the relevance and implementation of these strategies.



Dr. Kimberly Bender



Jeffrey M. Jenson, Ph.D.



Dr. Anne Williford



Elizabeth Anthony, Ph.D.