RISK AND PROTECTIVE FACTOR THEORY:
UNDERSTANDING ROOT CAUSES OF
SUBSTANCE USE DISORDERS

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OBJECTIVES

- Explore key features of risk and protective factors across multiple contexts.
- Identify common risk and protective factors and how they can influence an individual’s relationship with drugs.
- Review frameworks for integrating understanding of risk and protective factors into prevention strategies and programs.
Risk and protective factors exist in multiple contexts.

Risk and protective factors are correlated and cumulative.

Individual factors can be associated with multiple problems.

Risk and protective factors are influential over time.
KEY FEATURE #1: RISK AND PROTECTIVE FACTORS EXIST IN MULTIPLE CONTEXTS

- Everyone has characteristics that affect their potential for behavioral health issues
- Individuals exist within multiple contexts (relationships, communities, and the larger society)
  - So do their risk and protective factors
- These various factors/contexts influence each other
INDIVIDUAL RISK FACTORS

- History of substance use disorder, mental health conditions, and/or experiences of trauma
  - Age of onset
  - Access, attitude, and response to treatment
  - Intergenerational history and transmission
- Physical health conditions
- Social isolation
- Stress
- Socioeconomic status
- Belief system
  - Spirituality
Question:
What individual protective factors do you observe in the people you serve?

Consider:
- Are they fixed or variable?
- How do they interact with the other contextual factors?

* Please enter your responses into the chat *
RELATIONSHIP RISK FACTORS

- Parental divorce or separation from caregiver
- Abuse and neglect
- Bullying
- Peers’ substance use and attitudes
- Negative perception of social standing
- Relationship instability
Question:
What relationship protective factors do you observe in the people you serve?

Consider:
- Are they fixed or variable?
- How do they interact with the other contextual factors?

* Please enter your responses into the chat *
COMMUNITY RISK FACTORS

- Community-wide poverty
- High rates of substance use
- Community violence
- Fear of discrimination
- Lack of resources
  - Affordable, safe, stable housing
  - Employment
  - Medical care/treatment
  - Education
  - Fresh and healthy food
  - Recreational activities
Question:
What community-level protective factors do you observe in the people and communities you serve?

Consider:
- Are they fixed or variable?
- How do they interact with the other contextual factors?

* Please enter your responses into the chat *
Stigmatization of substance use and people with substance use disorders
Beliefs about treatment
Institutional racism and oppression
Accessibility of community resources and support
Individual responsibility vs societal support
Question:
What society-level protective factors do you observe in the people, communities, and societies you serve?

Consider:
- Are they fixed or variable?
- How do they interact with the other contextual factors?

* Please enter your responses into the chat *
"Some" tends to be correlated with "more" of the same
- Some risk → more risk; less protection
- Some protection → more protection; less risk

- Risk and protective factors add up over the lifetime
  - Young people with multiple risk factors are at *increased* risk
  - Young people with multiple protective factors are at *reduced* risk

- Prevention efforts should target multiple, rather than single, factors
Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.”

- Dr. Robert Block, former President of the American Academy of Pediatrics
What’s an ACE Score?

0 ACEs  1 ACE  2 ACEs  3 ACEs  4+ ACEs
ADVERSE CHILDHOOD EXPERIENCES

**Abuse**
- Emotional abuse
- Physical abuse
- Sexual abuse

**Neglect**
- Emotional neglect
- Physical neglect

**Household challenges**
- Mother treated violently
- Household substance abuse
- Mental illness in household
- Parental separation or divorce
- Criminal household member

ACEs Study
ACES ARE CORRELATED AND CUMULATIVE

ACES cluster; having 1 ACE increases the likelihood of having others

- 64% have at least 1 ACE
- If you have one ACE, there’s an 87% chance that you have two or more ACEs
- 12.5% have 4+ ACEs

ACES accumulate; higher ACE scores increase risk for multiple problems

- 4+ ACEs: increased risk for violence, divorce, broken bones, drug prescriptions, depression, autoimmune disease
- 6+ ACEs: lifespan shortened by 20 years

https://acestoohigh.com/aces-101/
**ACES ARE CORRELATED AND CUMULATIVE**

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>4 ACEs: 2x risk of heart disease and cancer</th>
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<tbody>
<tr>
<td>Mental Health</td>
<td>4+ ACEs: 13x risk of suicide attempts</td>
</tr>
<tr>
<td>Substance Use</td>
<td>4+ ACEs: 7x risk of alcohol use disorder, 10x risk of intravenous drug use</td>
</tr>
<tr>
<td></td>
<td>6+ ACEs (men): 46x risk of intravenous drug use</td>
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</table>
The risk and protective factors for ACEs also exist in multiple contexts
- Individual, relationship, community, society

ACEs are correlated and cumulative

Individual ACEs can be associated with multiple problems

ACEs are influential over time
- ACEs are often passed down across generations
Early Death

Disease, Disability, & Social Problems

Adoption of Health Risk Behavior

Social, Emotional, & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Social Conditions / Local Context

Generational Embodiment / Historical Trauma

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Death

Conception
Q: HOW COMMON ARE ACES?

Original Study Data:

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.
Q: HOW COMMON ARE ACES?  A: IT DEPENDS…

Original Study Data:

More likely to have experienced more ACES if:

- Black, Hispanic/Latino, or multiracial
- Less than a high school education
- Making less than $15,000 per year
- Unemployed or unable to work
- Identify as LGBTQ

PREVALENCE OF ACES; https://vetoviolence.cdc.gov/apps/aces-infographic/home
3 Realms of ACES

1. Household
   - incarcerated family member
   - physical and emotional neglect
   - domestic violence
   - maternal depression
   - bullying
   - alcoholism and drug abuse
   - emotional and sexual abuse

2. Community
   - discrimination
   - historical trauma
   - lack of social capital and mobility
   - substandard schools
   - structural racism
   - poverty
   - lack of jobs
   - food scarcity
   - substandard wages
   - poor housing quality and affordability

3. Environment
   - climate crisis
   - natural disasters
     - record heat & droughts
     - wildfires & smoke
     - record storms, flooding & mudslides
     - sea level rise
     - tornadoes & hurricanes
     - volcano eruptions & tsunamis
     - earthquakes
     - pandemic
Adverse Community Experiences contribute to and exacerbate risk factors at the individual and relationship levels

- Lack of opportunity, limited economic mobility, institutional racism and oppression, joblessness, poverty

Risks for substance use disorder are dramatically increased by adverse experiences at the relationship, community and society level

- Prevention efforts will need to target multiple contexts to increase protective factors
KEY FACTOR # 3: INDIVIDUAL FACTORS CAN BE ASSOCIATED WITH MULTIPLE OUTCOMES

- Both risk and protective factors can be associated with multiple outcomes.
  - For example, negative life events are associated with substance misuse as well as with anxiety, depression, and other harmful behavioral health problems.
- PACEs= Positive and Adverse Childhood Experiences

- Prevention efforts targeting a set of risk or protective factors have the potential to produce positive effects in multiple areas.
KEY FACTOR #4:

RISK AND PROTECTIVE FACTORS ARE INFLUENTIAL OVER TIME

- Risk and protective factors can have influence throughout a person’s entire lifespan.
- Risk and protective factors interact with each other over the course of the lifetime
  - Effective parenting can mediate the effects of multiple risk factors over time
- Understanding how risk and protective factors interact is essential in developing appropriate prevention and treatment programs and practices
Early Adversity has Lasting Impacts

Adverse Childhood Experiences

CDC ACES
Treatment serves individuals who have already developed a substance use disorder

- The leaves on the tree are many of the associated comorbidities we often observe in the people we serve

Prevention targets the context in which these individuals grow and develop

- Effective prevention will target communities and societies much more heavily than individuals
What would relational protection look like in terms of decreasing risk for (high) ACEs?

What community-level change do we need to establish and maintain to protect at-risk groups?

What changes in our broader society would increase the level of protection available to all, but especially those whose safety (in many iterations) is least secure?
APPRAOCHES TO PREVENTION

- Universal programs and practices: target entire groups or populations, broadest approach.
- Selective programs and practices: target individuals or groups who are at increased risk due to increased risk factors/fewer protective factors than general population.
- Indicated programs and practices: target individuals who show early signs of substance misuse but have not yet been diagnosed with a substance use disorder.
1. Assessment – “What’s the problem?”
2. Capacity – “What do you have to work with?”
3. Planning – “What should you do and how should you do it?”
4. Implementation – “How can you put your plan into action?”
5. Evaluation – “Is your plan succeeding?”
• Cultural competence – the ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships

• Sustainability – the process of building an adaptive and effective system that achieves and maintains desired long-term results
SAMHSA’S SPF STEP 1: ASSESSMENT

SAMHSA’s Strategic Prevention Framework Guide
Step 2: Capacity

Engage community stakeholders

Develop and strengthen a prevention team

Raise community awareness

SAMHSA’s SPF Step 2: Capacity
SAMHSA’S SPF STEP 3: PLANNING

- Prioritize risk and protective factors (criteria: importance, changeability)
- Select interventions (criteria: effectiveness, conceptual fit, practical fit)
- Develop a comprehensive plan that aligns with the logic model
WHERE DO WE BEGIN?

- Addressing risk and protective factors at multiple levels to address multiple problems can be overwhelming
  - No community can address all of these factors at once

- Start by identifying and prioritizing “key drivers”
  - Which risk and protective factors are most influential?
How much does this factor contribute to the priority problem?

Is this factor relevant to the developmental stage of our focus population?

Is this factor related to other harmful behavioral health problems?
WHAT’S MOST IMPORTANT?

Questions:

- What are the most important risk factors in your community?
- What are the most important protective factors in your community?
Changeability describes a community’s capacity to influence a specific risk or protective factor.

To determine a factor’s changeability, ask the following:

- Do we have the resources and readiness to address this factor?
- Does a suitable program or practice exist to address this factor?
- Can we produce outcomes within a reasonable timeframe?
<table>
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<th>Questions:</th>
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<tbody>
<tr>
<td>- What are the most changeable risk factors in your community?</td>
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<td>- What are the most changeable protective factors in your community?</td>
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</tbody>
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**WHAT'S MOST CHANGEABLE?**
Effective prevention plans prioritize risk and protective factors that are high for both importance and changeability.

Next best option: prioritize factors with high importance and low changeability
- Easier to increase changeability than importance
- Addressing a factor with low importance and high changeability can give a quick “win”
Questions:

- What risk factors for your community are high in both importance and changeability?
- What protective factors for your community are high in both importance and changeability?
SAMHSA’S SPF STEP 4: IMPLEMENTATION
What are you already doing well that you want to CONTINUE?
What is the MOST important thing you learned today?
What is ONE specific change you will make moving forward?
REFERENCES AND RESOURCES

- Adverse Childhood Experiences Study resources:
  - http://acestoohigh.com/
  - https://www.acesconnectioninfo.com/
  - https://vetoviolence.cdc.gov/apps/aces-infographic/home
REFERENCES AND RESOURCES


- www.kpjrfilms.co. ACES Primer video. Available at: https://www.youtube.com/watch?v=ccKFcXx-c

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  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4008086/

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