

Growing Resilience: Strengthening Community Collaboration for Substance Use Prevention

Project Overview

Background

Research on substance use disorder (SUD) prevention shows that increased community capacity and mitigation of trauma can decrease later substance use and SUD in teens and adults¹. National estimates suggest 46% of youth under age 18 have experienced one or more Adverse Childhood Experiences (ACEs) overall². There is also a high correlation between experience of 1 or more ACE and an increased risk for developing an SUD³. These patterns are amplified in rural communities, where remote location, inadequate transportation infrastructure, and workforce shortages limit availability of and access to evidence-based SUD prevention supports that could mitigate risk⁴. Correspondingly, there is an urgent need for effective trauma-informed prevention and early intervention for youth at risk of developing an SUD, tailored to the unique needs of rural communities and systems of support ⁵.

Objective

Our mission is to partner with communities to reduce risk of developing an SUD by recognizing and lessening the impact of trauma in rural youth. We aim to accomplish this by supporting community leaders in identifying gaps and opportunities for trauma-informed SUD prevention and early intervention, and by linking rural communities' systems of care (SOC) in relevant and meaningful ways. Our ultimate goal is to collaborate with communities' SOC to implement a tiered model of evidence-informed interventions designed to identify and mitigate the impact of trauma on young people, and prevent development of SUD.

Methodology

We will accomplish this via implementation of a community-based participatory research⁶ (CBPR) model to identify, adapt, and apply trauma-informed prevention and early intervention tools and strategies applied within the rural SOC. We seek to learn directly from social service agencies, pediatric and family medicine practices, educational settings, and others working with young people exposed to trauma and at risk of developing an SUD⁷. This work will also be guided by a Community Needs Assessment, Community Action Board, and research in SUD prevention and trauma-informed care. We will then utilize this input to adapt and apply a trauma-informed evidence-informed intervention designed to mitigate the impact of trauma on young people in rural communities, and prevent development of SUD.

Our Team

Melissa Heatly, PhD: Principal Investigator (PI) Specializing in School Based Mental Health Initiatives
Allison Stiles, PhD: PI Specializing in Family Engagement and Integrated Primary Care
Kenya Malcolm, PhD, IECMH-E®: PI Specializing in Early Childhood and Family-Focused Care
Linda Alpert-Gillis, PhD: Senior Advisor Specializing in Innovation in Child Mental Health Service Delivery

(References on next page)





¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Focus on prevention*.

This HRSA RCORP RCOE program is supported by the Health Resources & Services Administration (HRSA) of the US Department of Health & Human Services (HHS) as part of an award of \$3.33M in the current year with 0% financed with non-governmental sources.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the US Government.

² Bethell, C.D., Carle, A., Hudziak, J., Gombojav, N., Powers, K., Wade, R., & Braveman, P. (2017). Methods to assess adverse childhood experiences of children and families: Toward approaches to promote child well-being in policy and practice. *Academic Pediatrics*, *17*(7S), S51-S69.

³ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245-258.

⁴ Fox, J. C., Blank, M., Berman, J., & Rovnyak, V.G. (1999). Mental disorders and help seeking in a rural impoverished population. *International Journal of Psychiatry in Medicine*, *29*(2), 181-195.

⁵ Office of National Drug Control Policy. (2020). *Rural community action guide: Building stronger, healthy, drug-free rural communities*.

⁶ Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, *7*(3), 312-323.

⁷ Smith, L. H., Valenzuela, J., & Ludke, R. L. (2012). Engaging rural and urban Appalachians in research using a community-based participatory research approach. *PRISM: A Journal of Regional Engagement*, 1(1).