

Prevention Plus Wellness Programs Logic Model

Prevention Plus Wellness, LLC

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PreventionPlusWellness.com

SPORT Prevention Plus Wellness



**High School Adolescents: Substance Use
Prevention Program Promoting Wellness**

Prevention Plus Wellness, LLC

904-472-5022

<http://preventionpluswellness.com/>

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SPORT Prevention Plus Wellness (PPW) Programs

1. Evidence-based, proven to prevent alcohol, tobacco & cannabis & increase physical activity among non-using & substance using youth
2. Targets PA, healthy eating, sleep & stress control
3. Single-session (< 50 minutes) Screening and Brief Interventions (HS, MS & ES versions)
4. Scripted implementation with slides or booklets
5. Individual/one-on-one or in a group
6. Marketing theory targeting positive images
7. Optional parent materials (SPORT PPW)

InShape Prevention Plus Wellness



Substance Use Prevention Promoting
Wellness for Young Adults

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InShape Prevention Plus Wellness (PPW) Program

1. Evidence-based, proven to prevent alcohol, cannabis & drinking driving & increase physical activity, sleep & health quality of life among young adults
2. Targets PA, healthy eating, sleep & stress control
3. Single-session (< 60 minutes) Screening and Brief Intervention
4. Scripted implementation with slides or booklets
5. Individual/one-on-one or in a group
6. Marketing theory targeting positive images

Opioid Prevention Plus Wellness



**Opioid Use Disorder Prevention Program
Promoting Wellness for Adolescents**

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Opioid Prevention Plus Wellness (PPW) Program

1. Evidence-based SBI practice & based on the InShape Prevention Plus Wellness program
2. Targets PA, healthy eating, sleep & stress control
3. Single-session (< 60 minutes) Screening and Brief Intervention (HR young men, women & adolescent versions)
4. Scripted implementation with slides
5. Individual/one-on-one or in a group
6. Marketing theory targeting positive images

Vaping Prevention Plus Wellness



**E-cigarette Prevention Program Promoting
Wellness Lifestyles**

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Vaping Prevention Plus Wellness (PPW) Programs

1. Evidence-based SBI practice & based on the SPORT PPW program
2. Targets PA, healthy eating, sleep & stress control
3. Single-session (< 50 minutes) Screening and Brief Interventions (HS & MS versions)
4. Scripted implementation with slides
5. Individual/one-on-one or in a group
6. Marketing theory targeting positive images
7. Targets e-cigarette use risks & prevention

Marijuana Prevention Plus Wellness



**Cannabis Use Prevention Program Promoting
Wellness for High School Adolescents**

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<http://preventionpluswellness.com/>

Marijuana Prevention Plus Wellness (PPW) Programs

1. Evidence-based SBI practice & based on the SPORT PPW program
2. Targets PA, healthy eating, sleep & stress control
3. Single-session (< 50 minutes) Screening and Brief Interventions (HS & MS versions)
4. Scripted implementation with slides
5. Individual/one-on-one or in a group
6. Marketing theory targeting positive images
7. Targets cannabis use risks & prevention

Prevention Plus Wellness (PPW) Screening & Brief Intervention (SBI) Logic Model (5.8.19)

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<ol style="list-style-type: none"> 1. Program manuals or optional booklets. 2. Digital downloads of PP slides & reproducible program materials. 3. Online or onsite program implementer training workshop (optional TOT and youth leadership training). 4. Program implementation support via email and phone. 5. Scannable surveys and program fidelity and effectiveness evaluation support. 6. Program tailoring and promotion support and materials. 	<ol style="list-style-type: none"> 1. Screening of current substance use (SU) & protective healthy behaviors. 2. Feedback & advice on SU & healthy behavior interactions, images & personal risk & responsibility. 3. Recommended menu of multiple health behaviors to set & monitor goals to avoid SU & increase health-promoting habits. 4. Follow-up strategies (i.e., repeating the PPW SBI, revisiting & revising goals set, providing parent flyers, web-based resources & offering additional lessons). 	<ol style="list-style-type: none"> 1. Youth ages 8-18. 2. Young adults ages 18-25. 3. High-risk adolescents and young adults. 4. High-risk adults. 	<ol style="list-style-type: none"> 1. Increased awareness of positive images & other benefits of wellness behaviors. 2. Increased awareness of how SU behaviors interfere with positive image & behavior achievement. 3. Increased peer & future self-comparisons. 4. Increased awareness of discrepancy between current habits & peer & desired future images. 5. Increased multiple health behavior goal setting. 6. Increased parent positive behavior-image communication. 	<ol style="list-style-type: none"> 1. Increased intentions to avoid or reduce SU and increase wellness habits. 2. Continued multiple behavior goal setting and monitoring. 3. Increased self-efficacy and capability to avoid or reduce SU and increase wellness behaviors. 4. Increased similarity to peers practicing wellness habits and decreased similarity to peers using substances. 5. Decreased peer influenceability to initiate or use substances and increased influenceability to increase wellness behaviors. 6. Decreased peer prevalence of SU and increased peer prevalence of wellness behaviors. 7. Increased perceived risk of SU behaviors to health & healthy behaviors. 	<ol style="list-style-type: none"> 1. Reduced onset and use of alcohol and problems. 2. Reduced onset and use of tobacco and e-cigarettes. 3. Reduced onset and use of marijuana. 4. Reduced onset and use of other illegal substances. 5. Increased physical activity. 6. Increased healthy eating. 7. Increased sleep. 8. Increased stress control. 9. Increased body image satisfaction. 10. Increased health-related quality of life. 11. Increased spiritual practices (IGI).
Assumptions: <ol style="list-style-type: none"> 1. Positive images can be triggered with vivid key words and illustrations 2. Triggered positive peer and desired future images can motivate multiple behavior goal setting and behavior change via changes in risk and protective factors 3. The PPW SBI Practice Model can be adopted to effectively influence various SU behaviors among diverse populations 			External Factors: <ol style="list-style-type: none"> 1. Access to youth/young adult/adult population(s) 2. Time availability of participants and implementers 3. Space and equipment availability to provide SBI to participants 4. Time and staff availability to monitor program fidelity and effectiveness 		

SBI Inputs

1. Program manuals or optional booklets.
2. Digital downloads of PP slides & reproducible program materials.
3. Online or onsite program implementer training workshop (optional TOT and youth leadership training).
4. Program implementation support via email and phone.
5. Scannable surveys and program fidelity and effectiveness evaluation support.
6. Program tailoring and promotion support and materials.





SBI
Outputs:
Activities

1. Screening of current substance use (SU) & protective healthy behaviors.
2. Feedback & advice on SU & healthy behavior interactions, images & personal risk & responsibility.
3. Recommended menu of multiple health behaviors to set & monitor goals to avoid SU & increase health-promoting habits.
4. Follow-up strategies (i.e., repeating the PPW SBI, revisiting & revising goals set, providing parent flyers, web-based resources & offering additional lessons).

SBI Outputs: Participation

1. Youth ages 8-18.
2. Young adults ages 18-25.
3. High-risk adolescents and young adults.
4. High-risk adults.





Outcomes- Impact: Short

1. Increased awareness of positive images & other benefits of wellness behaviors.
2. Increased awareness of how SU behaviors interfere with positive image & behavior achievement.
3. Increased peer & future self-comparisons.
4. Increased awareness of discrepancy between current habits & peer & desired future images.
5. Increased multiple health behavior goal setting.
6. Increased parent positive behavior-image communication.

Outcomes-Impact: Medium

1. Increased intentions to avoid or reduce SU and increase wellness habits.
2. Continued multiple behavior goal setting and monitoring.
3. Increased self-efficacy and capability to avoid or reduce SU and increase wellness behaviors.
4. Increased similarity to peers practicing wellness habits and decreased similarity to peers using substances.
5. Decreased peer influenceability to initiate or use substances and increased influenceability to increase wellness behaviors.
6. Decreased peer prevalence of SU and increased peer prevalence of wellness behaviors.
7. Increased perceived risk of SU behaviors to health & healthy behaviors.



Outcomes- Impact: Long

1. Reduced onset and use of alcohol and problems.
2. Reduced onset and use of tobacco and e-cigarettes.
3. Reduced onset and use of marijuana.
4. Reduced onset and use of other illegal substances.
5. Increased physical activity.
6. Increased healthy eating.
7. Increased sleep.
8. Increased stress control.
9. Increased body image satisfaction.
10. Increased health-related quality of life.
11. Increased spiritual practices (IGI).

Model Assumptions

1. Positive images can be triggered with vivid key words and illustrations

2. Triggered positive peer and desired future images can motivate multiple behavior goal setting and behavior change via changes in risk and protective factors

3. The PPW SBI Practice Model can be adopted to effectively influence various SU behaviors among diverse populations

01

Access to
youth/young
adult/adult
population(s)

02

Time
availability of
participants
and
implementers

03

Space and
equipment
availability to
provide SBI to
participants

04

Time and staff
availability to
monitor
program fidelity
and
effectiveness

Model External Factors

Screening & Brief Intervention (SBI)



Identified by SAMHSA as an evidence-based practice:
<https://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions>



Includes SAMHSA's Screening, Brief Intervention and Referral to Treatment (SBIRT):
<https://www.integration.samhsa.gov/clinical-practice/sbirt>



CDC's alcohol screening & brief intervention in primary care:
<https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>



WHO supports alcohol SBI:
https://www.who.int/substance_abuse/activities/sbi/en/

More SBI



NIAAA alcohol SBI for youth:
<https://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>



American Academy of Pediatrics (AAP) SU SBIRT for youth: <https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/Pages/Substance-Use-Screening.aspx>



NIDA adolescent SU screening for SBI:
<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-for-adolescent-substance-use>

SBIRT vs. PPW SBI Model

SBIRT

1. Screen to identify risky SU
2. Provide feedback & advice on SU behaviors
3. Refer high risk individuals to treatment

PPW

1. Screen to increase awareness of SU and healthy behaviors
2. Provide feedback & advice on SU & healthy behaviors and how they interact
3. Conduct multi-health behavior goal setting for all participants & recommend continued goal setting

PPW
Screening and
Brief
Intervention
Steps

Step 1

Screen participants current health habits using screening survey

Step 2

Provide feedback and positive image messages using script & PowerPoint slides or booklet

Step 3

Assist participants to set and monitor goals to avoid substance use and increase healthy behaviors



Practical and Powerful Prevention Plus Programs

Evidence-Based Screening & Brief Substance Use Prevention Interventions Promoting Wellness for Youth & Adults

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Evidence-Based
Prevention Resources

We Are Here To Help



- **PreventionPlusWellness.com**
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