

Questions from Participants of the SAPST Updates Training March 14, 2023

General Questions

1. How will we get the updated curriculum and the posters? When will we know it is ready?

Once the updated curriculum is ready, those who are eligible will receive an email notifying them how they can download the materials. Eligibility to receive the materials includes having completed a SAPST training of trainers (TOT) and also having successfully completed the SAPST Updates training.

2. Is there fidelity guidance? Wondering how we can determine trainers making modifications to the delivery of the training. For example, is it ok to provide the training once a week over a period of four weeks?

It is strongly recommended that trainers follow the 4 consecutive day framework of the curriculum. The curriculum was developed to be facilitated in that manner. However, if trainers decide to implement outside of the way it was designed, they can expect different outcomes. Acceptable adaptations would include using local examples for participant buy-in to drive home understanding of concepts. It is important to maintain the fidelity of the curriculum.

3. Is there a minimum class size and number of trainers?

A minimum class recommendation is 15 participants and the maximum is 30. It is recommended to have 2 trainers for classes with 15 to 30 people.

4. What is the feedback process for those who implement the new version for the first time?

A survey form link will be provided when the materials are made available. SAPST trainers will be able to provide feedback to the PTTC Workforce Development workgroup by completing that form.

5. What's the PTTC's plan to make statewide/regional/local training opportunities available using the new materials? Is there an expectation that previous SAPST graduates will need to attend a refresher training to maintain their prevention certification? If so, is there a sundown date for those trained in the older version(s) of the SAPST?

Please contact your regional PTTC to learn about their plan to make training opportunities available in your region.

There is no requirement for existing professionals who have taken a previous version of the SAPST to take the new version. It is best practice to continue training and learning in our field, so past participants could take the new version to expand existing knowledge. Certification questions should be directed to your state/jurisdiction prevention certification board.

6. Has there been any work done to help facilitators determine the "value" of core concepts?

A relevance or value scale was not created as the core components of the training build on one another. When facilitating, trainers can determine if a group of participants understands a concept and can move on, or whether a concept may need more dialogue. The SAPST provides the flexibility to dive deeper on some concepts when participants show mastery of other concepts.

7. Have you reviewed all of the references with included links to ensure they are accessible? I referenced a few points on a presentation and found the links in SAPST did not work with errors of "page not found."

All references have been reviewed and checked to ensure that they are all functional. With any web page there is a chance a link could lead to a "page not found" message, but the plan moving forward is to have the additional resources list also available in an electronic version to assist with keeping them up to date and accurate.

8. Delivering this curriculum: Who is permitted to deliver this new version of the curricula? What defines "current" trainer? What are the parameters for maintaining trainer status?

Those permitted to train the updated version of the SAPST are those that have already attended a 4-day SAPST Training of Trainers and have also watched the SAPST updates training to learn about the changes from the previous version.

For those individuals who have not attended a SAPST Training of Trainers, the SAPST Workforce Development workgroup is updating the Training of Trainers curriculum and hope to make it available by this summer.

9. Will there be a training for master trainers using the updates before they can continue to provide TOTs using the updated materials?

Yes, there will be an updated training of trainers for Master Trainers to ensure that they have everything they need to provide a TOT.

10. Why was the term "stakeholder" changed?

It was important in this revision to be mindful of language throughout the curriculum. It was brought to our attention that the term "stakeholder" is no longer appropriate to use, because it has negative connotations and is so deeply rooted in colonial practices. It was decided that the more appropriate term to use is "interested groups" or "those with vested interest" instead.

11. Is there be a timing guide with the updated materials?

We do provide a timing guide which is the facilitators agenda. Each slide, activity, and session are timed out, including lunches and breaks. It will be important as a facilitator to understand where you can put time for further emphasis or clarification and what learners easily understand. Each group of participants will be different and the SAPST allows some flexibility to ensure all content is covered.

Session 1

12. Why did we use the Surgeon General's list of Risk and Protective Factors versus another list?

The decision was made to use the Surgeon General's list of risk and protective factors as there has been an emphasis on evidence-based risk and protective factors and this list provides that information and is more up to date than the previous list in the SAPST.

For this training it was deemed that using a simplified list that is evidence based and current would be beneficial to the participants since this is an introductory curriculum. There are resources in the additional resources section that provide additional information on risk and protective factors within other developmental perspectives as well as information on Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs).

13. Is there a clear distinction between prevention and harm reduction?

In Session 1 when a trainer proceeds through the Spectrum of Mental, Emotional, and Behavioral Interventions there is a distinct definition of prevention from the National Academies of Science, Engineering, and Medicine. There is also a definition for harm reduction that comes from SAMHSA. There is mention of harm reduction being a part of the spectrum, but it opens the door for participants to discuss where they think it might fit as there has not been a definitive explanation from SAMHSA as of yet.

In the additional resources section, some new resources have been added, such as "Understanding Prevention's Role in Harm Reduction." You can point participants to the additional resources if they are looking for more information.

Session 2

14. There is not much information readily available for a lot of the considerations for diversity, equity, and inclusion - or Social Determinants of Health. What are you recommending in the curriculum for folks who are starting at square one trying to look at these concerns in their community?

Diversity, equity, and inclusion are included in the discussion under the portions of the curriculum on culture as well as within capacity building and the importance of having a diverse planning group. In addition, the SAPST covers the importance of connecting the Social Determinants of Health to the needs assessment but acknowledging the fact that with limited prevention resources these might be difficult to change. Prevention practitioners cannot ignore them but they can and should advocate for change as stated in the Prevention Code of Ethics.

15. How does the use of language such as "behavioral health inequities" or "inequalities in health" help reinforce looking at the "systems" that are inequitable? Public health looks at conditions and systems.

The curriculum provides in various locations the connection between the public health approach and behavioral health inequities. There are also prompts for a discussion about public health being population based on how inequities are in the social environment. The SAPST teaches participants to identify these disparities in the communities in which they serve.

Session 3

16. What was the thinking for including the discussion of culture and cultural competence/humility at this point in planning/programming?

Culture plays a major role in our work from the populations we focus on to the interest groups engaged in the SPF. Discussing culture in Session 3 allows for the connection of culture to all phases of the SPF process. It is discussed right after capacity building and right before planning to show the connection throughout the process. Based on the *National Center for Culture Competence*, it was decided to discuss culture as a foundational piece in the pursuit of cultural proficiency using cultural humility as well as diversity, equity, and inclusion.

Session 4

17. How did you decide to keep the Case Study activities mixed in with each session?

The curriculum is set up following the 4-A Model of learning: Anchor, Add, Apply, and Away. ANCHOR the content within the learner's experience; ADD new information; Invite the learner to APPLY the content in a new way or situation; Ask the learner to decide how or what he or she will take AWAY and use this learning in the future. The case study allows participants to APPLY the SPF process using a "real world" example and is a technique successfully used in adult learning.

18. Does the EBP script discuss the bias and whitewashing of EBP research? This needs to be an essential part of discussing evidence based. (On Slide 10 Session 4)

The discussion around EBIs does bring up the fact that most were developed for the dominant American culture and how important it is to look closely at the evidence of effectiveness before selecting a particular program for a focus population.