

Engaging Human Services and Behavioral Health Professionals in Youth-led, Adult-guided Social Action Initiatives

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Abstract

Professional and community leaders in Washington, D.C. have expressed the need for more capacity building and increased resources to address health inequities in the city's underserved African American communities. Inequities ("food deserts," community decay, and limited youth opportunities) require equity-informed approaches. Disparities (disproportionate substance use/behavioral health disorders) also require system-level approaches. In response, the Wards 7 and 8 DC Prevention Center (DCPC), a community-based nonprofit, collaborated with residents, community partners, and academic institutions to provide trainings and certifications to its team and community stakeholders.

Initially, DCPC staff members were trained through evidence-informed approaches including Certified Prevention Specialist (CPS) and Photovoice trainings. CPS training uses workshops and tools from the D.C. Department of Behavioral Health (DBH) to train staff to conduct assessments and build community partnerships. Photovoice provides a less intimidating process for vulnerable populations and professionals to collect data, identify social/environmental factors that impact health and well-being, share concerns, communicate with policymakers, and identify solutions to collectively address issues.

In turn, DCPC staff trained youth and human services professionals to conduct Photovoice assessments to highlight the misuse of opioids and the negative effects on their communities. Community stakeholders continue to request the assistance of CPS staff and training for themselves. CPS and Photovoice training demonstrated the potential value of these approaches for students and professionals in the human services fields for supporting equity-informed initiatives. We present lessons learned and best practices in how to apply this multi-component approach as an effective strategy for preparing youth, graduate students in human services, and psychology professionals to engage in social action.

Keywords: prevention, education, training, capacity building, advocacy

Engaging Human Services and Behavioral Health Professionals in Youth-led, Adult-guided Social Action Initiatives

Prevention begins with education and training among residents and professionals in various contexts. However, due to a lack of funding, transportation and education, many prevention trainings are rarely offered to those who seek them out or require training for work. This lack of resources is evident in Wards 7 and 8 in Washington, D.C., where we acknowledge the shortage of offerings such as the Certified Prevention Specialist (CPS) training and Photovoice training for youth advocates, residents, and professionals. In addition to the training shortages, these areas in Washington, D.C. experience other inequities such as a lack of resources like grocery stores (i.e., “food deserts”) and the unavailability of living-wage jobs (Health Equity Summary Report [HER], 2018). This has left many residents struggling to provide for their families and self-medicating with substances such as opioids. In response, the Wards 7 and 8 D.C. Prevention Center (DCPC) sought out resources to reduce these inequities through systems-level strategies such as prevention science-based collaborations, staff and resident trainings, and community-level capacity building.

The Wards 7 and 8 DCPC is one of four prevention centers operated in partnership with and funded by the D.C. Department of Behavioral Health (DBH) to reduce substance abuse and substance use disorders in D.C. The DCPC conducts its work based on three pillars: community education, community leadership, and community change. Under the direction of DBH in partnership with Bridging Resources in Communities (BRIC), Inc., the DCPC with its team of social workers, lawyers, psychologists, and public health specialists has served as an innovative public-private partnership hub for training among community stakeholders and professionals alike.

Five years ago, DCPC staff members, using the Strategic Prevention Framework model from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA; 2019), participated in CPS training and completed the certification exam to enhance prevention science-based partnerships in Wards 7 and 8 of D.C. In addition, DBH and DCPC understood that, as an initial step for systems-level change, the social action needed for such changes would require awareness training for the young people who were the beneficiaries of the services as well as professional youth advocates. Photovoice training was introduced several decades ago as an evidence-based strategy for action (Wang & Burris, 1997). However, many residents and professionals have not been offered the rigorous training to complete the steps for using Photovoice to advocate for systematic environmental strategies in substance use prevention (Wang & Burris, 1997). Relying on DBH funding and a train-the-trainer format (Hof et al., 2009), the DCPC implemented Photovoice training (Wang & Burris, 1997) as a youth-led, adult-guided strategy to complete an environmental scan of the problems in Wards 7 and 8, including D.C.’s opioid epidemic (Hof et al., 2009). To inform the human services field on the potential value of this dual strategy for systems-level change, we asked the question, *Can CPS and Photovoice training together increase community and youth awareness of opioid use in Wards 7 and 8 of D.C.?*

Background and Literature

In its efforts to increase prevention education and awareness training in Wards 7 and 8 of D.C., the DCPC has used the SPF public health model to conduct systematic prevention in an area consisting of families and individuals who have been underserved for decades. Many services and resources are not readily available leading to inequity in these communities in terms of limited funding, poor transportation, and the lack of living-wage jobs. Close to 50% of all D.C. youth live in Wards 7 and 8, and over 50% of the D.C. unemployment and underemployment rates are accounted for by Wards 7 and 8 (HER Report, 2018).

This lack of resources has led to decades of drug misuse and abuse in D.C. Areas in Wards 7 and 8 are known for the prevalence of older Black men heroin users, where medical staff and affordable access to prescription medications are scarce. According to the Washington, D.C. Office of the Chief Medical Examiner (DCOCME; 2022), the most prevalent drug identified was heroin based on illicit and prescription opioids data collected through toxicology testing from 2014 to 2020. However, beginning in 2017, the most prevalent drug identified

was fentanyl which has been gradually increasing each year. Approximately 76% of all fatal opioid overdoses occur among adults between the ages of 40 to 69 years old and deaths due to opioid use were most prevalent among people ages 50 to 59 who were Black men, living in Wards 7 and 8. Educating youth about the dangers of opioids and training them to advocate for policy changes to address the inequities that led to this epidemic in D.C. could potentially disrupt the cycle of deleterious circumstances that would render them the next generation of opioid abusers. This article seeks to share lessons learned and best practices from DCPC's implementation of training tools, such as CPS and Photovoice training, with other human services professionals working in substance use prevention to reduce these trends.

Prevention Certification among Professionals

Prevention among professionals has been increasing since the earlier part of the millennium. Crozier and Gressard (2005) completed a study to examine prevention certification among professionals in education as opposed to counselors. There were about half as many education professionals completing prevention certification compared to counselors. Furthermore, it is critical to note that at the time of the study, there were limited options available for certifications outside of workshops and conferences.

One of the more recent options is CPS training, which is a credential for professionals who facilitate and promote growth in self, specific populations (i.e., groups at risk for developing substance use issues), and the community at large. This training and certification use specific knowledge and skills to design, implement, and evaluate programs aimed at precluding or reducing problems caused by using substances. CPS certification is achieved through passing the International Certification and Reciprocity Consortium (IC&RC) Prevention Specialist Examination. The IC&RC examination is the first to test knowledge and skills about the provision of prevention services on an international level. The exam has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an exam that is based on current practices in the field. The examination includes items for demonstrating competencies on tasks, knowledge, and skills needed for substance use prevention job performance.

Best Practices in Communities: CPS Credentialing

Credentialing through the IC&RC was created to facilitate standardized practices across the United States. Standardized practices would include ethics and competencies in substance use prevention. Using interviews, surveys, observations, and group discussions, IC&RC works with Subject Matter Experts (SMEs) in the field to delineate critical job components (Mather, 2014). The knowledge and skill base for the questions in the examination were derived from the actual provision of services in the field (see www.internationalcredentialing.org for more information).

Photovoice Training

The second suggested training for our multi-tiered approach, with CPS as the base, was Photovoice. Photovoice is a method used in community-based research directed toward advocacy for social change (Wang & Burris, 1997). It is an empowering and flexible process that combines photography with grassroots social action and is commonly used in the fields of community development, international development, public health, and education. Professionals use Photovoice to create projects with illustrative photographs with captions strategically placed at the bottom of each photo to initiate problem-solving in affected communities (Wang & Burris, 1997). However, since the time the strategy was introduced by Wang and Burris (1997), many professionals have been modifying and overlooking the rigor of Photovoice by leaving out the systematic participation of community members and neglecting the action necessary to include in the photo captions.

According to Liebenberg (2018), Photovoice requires a community-based participatory action research (PAR) method. PAR ensures residents have a voice in raising community problems and needed resources to promote social and political change (Liebenberg, 2018). PAR promotes awareness to policy makers and other

stakeholders with systematic steps for real outcomes. In addition, participation of professionals and community members can reveal concerns that may not have otherwise been communicated.

One of the first examples of Photovoice was evident in Wang and Burris' (1997) article on methodology. The researchers collaborated with women living in rural farming communities of Yunnan, a province in China. The women were empowered to collect information about the social and public health conditions using photos they had taken themselves. The Photovoice strategy built capacity to advocate for women workers' rights and offered a less intimidating process for the women of Yunnan to gather information to present to their community leaders and employers.

Youth-led, Adult-guided Photovoice

Photovoice may be a less intimidating training for youth to carry out a substance prevention initiative as well. Rarely are youth involved in data-driven social action in the United States due to the ethics and extensive work involved in collecting data, particularly qualitative data (Liebenberg, 2018). Liebenberg (2017) explained the need for youth advocates in the collection and dissemination of results using Photovoice. Guidance from mentors or trainers can increase youth's ability to use their voices with clear instructions on how to complete the work. As a result, not only will the voice of youth bring relevant information to the community, Photovoice also can be used to enlist support from youth advocates who can relate to a population most affected by the problem (Liebenberg et al., 2020).

Social Justice and Equity in Prevention Training

Youth advocates and professionals in human services can learn more about social justice and community needs from prevention training (Ali et al., 2008). Psychologists and professionals in other human services fields can engage in many projects such as social advocacy and peer education to promote equity in communities (Ali et al., 2008). Ali and colleagues (2008) suggested that a social justice project should include training and partnerships for community action. This is similar to the goal of a Photovoice project. Participation in social action is a requirement for the consummate professional in the human services field including counseling.

Social action and advocacy can increase capacity, skills, and awareness in areas that have specific problems. Hof and colleagues' (2009) T.R.A.I.N.E.R. model provides growth and confidence in being able to utilize advocacy skills for those professional counselors and youth advocates who participate in social action projects such as Photovoice (Green et al., 2008). Although young people may not initially understand the need for training in advocacy skills, once they receive such training, their newly acquired social action skills usually lead to young people's increased participation in advocacy efforts in underserved communities. It also leads to their increased awareness of the value of social justice and public policy initiatives (Edwards et al., 2017; Murray et al., 2010). Youth advocates as well as students and professionals in human services fields such as counseling can overcome challenges to participation in social justice and public policy efforts by completing trainings and working with members of the community using strategies such as Photovoice.

We selected these two evidence-based trainings, CPS and Photovoice, to work with community members of the Wards 7 and 8 D.C. area on opioids prevention. In this article, we outline two trainings selected to increase community awareness among human services professionals, students, and community stakeholders. These participants worked for DCPC and/or lived in the surrounding communities in which a youth project to help reduce opioid use in D.C. was located. We explored whether human services professionals, students, and community members would obtain more knowledge on opioid problems in underserved communities and gain more practice in substance prevention after the CPS training and the Photovoice training. Processes for both trainings are described below.

Methods

Community Prevention Specialist (CPS) Training

Participants

Three DCPC staff members completed the CPS training and examination. Ages ranged from 35 to 60 years old. These staff members identified as Black.

Each staff member had to have a minimum of a bachelor's degree verified with official transcripts sent directly from the college/university to the IC&RC Board office. Experience required for the training and examination included two years of full-time employment or 4,000 hours of part-time employment in a wide range of settings including schools, workplaces, health care centers, behavioral health programs, community-based organizations, and prevention coalitions; supervision for 120 hours with a minimum of 10 hours in each of six IC&RC exam's domains (Planning & Evaluation; Prevention Education & Service Delivery; Communication; Community Organization; Public Policy & Environmental Change; and Professional Growth & Responsibility); and/or 120 total hours of education relevant to the field of prevention. Twenty-four of the hours in education or teaching must have been related to Alcohol, Tobacco, and Other Drugs (ATOD). Six of the hours were required in professional ethics and responsibilities that are specific to prevention.

CPS Certification Training

The three staff members who obtained their CPS certifications were tasked with creating logic models and action plans based on the Strategic Prevention Framework (SPF). Logic models are graphic displays of a program's resources, activities, actions taken, and outcomes. Action Plans included proposed work plans with actions needed, persons responsible, and timelines. The SPF model is a nationally recognized five-step, data-driven public health planning model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) allowing prevention specialists working with community stakeholders to assess local needs.

The seven methods of the SPF model that can bring about community change have been adopted as a useful framework by Community Anti-Drug Coalitions of America's (CADCA; no date) Training Institute. Each of these methods represents a key element to build and maintain a healthy community. In the planning process, all seven methods are utilized to be as comprehensive as possible to achieve population-level change. When focusing on implementation of environmental methods, staff need to consider the types of information, skill-building, and support activities necessary to move interventions forward.

The first three methods—provide information, enhance skills, and provide support—assist in educating the public, raising awareness, and helping individuals make healthy choices. The other four methods (enhancing access/reducing barriers, changing consequences, changing physical design/environment, modifying/changing/developing policies) are environmental in nature; and, when utilized in a multi-strategy plan, can form the basis of a comprehensive approach along with the first three methods. Specific documents were developed to assess whether CPS certified staff completed their logic models and action plans; and the extent to which these logic models and action plans represented a comprehensive approach to substance prevention in the community.

Procedures

In 2015, DBH, consistent with its internal initiative to better support the credibility and development of a sustainable drug use prevention specialist workforce in D.C., formed a partnership with the Pennsylvania Certification Board (PCB), which offered the CPS examination twice at DBH for DBH staff and staff of all DC Prevention Centers. With assistance from CADCA, PCB developed a comprehensive exam preparation training that covered the six domains. Certification was dependent on criteria outlined by the state board requirements.

The certification process included a requirement that at least one logic model would have to be created and completed by a group of young people ages 12 to 17 years old under the guidance of the CPSs. However, this task could be delegated to other staff members with the guidance of the CPSs; therefore, the CPSs appointed and trained a part-time psychology professional and part-time graduate students in human services to create this

Youth Corp. The Youth Corp, which we call the Youth Prevention Leadership Corp (YPLC), was selected based on their integrity and passion for educating others about substance prevention and creating community change.

Photovoice

Participants

Trainees included three staff members (one psychologist and two graduate students in public health) from the DCPC and four members of the YPLC. The complete staff consisted of two graduate students in public health, one psychology faculty member, one lawyer, and two social workers who either lived or worked in Wards 7 and 8. Ages ranged from 20 to 70 years old. The YPLC consisted of four high school students between the ages of 14 and 17 years old from Wards 7 and 8. There were two boys and two girls. All the staff members and youth identified as Black.

Photovoice Training

As mentioned earlier, the goal of Photovoice is to produce photographs with captions that tell stories about the assets or needs related to a community problem (Wang & Burris, 1997). For DCPC, the focus was on substance prevention, specifically, prevention of opioid use. The SHOWeD method, which is based on discussion questions for each capital letter of the acronym listed below, is used in Photovoice to generate the captioned photographs that are to be used later in advocacy activities (Wang & Burris, 1997). The SHOWeD discussion questions are mentioned below:

1. S - What do you see here? In this step, participants describe what the need (risk factor) or asset (protective factor) is that was captured in the photograph.
2. H - What is really **h**appening here? Participants describe their impression of what is being reflected in the photo.
3. O - How does this relate to **o**ur lives? Participants relate what is captured to issues in the community at large.
4. W - **W**hy does this concern, situation, or strength exist? Participants offer suggestions to explain what was captured and the reason why it is.
5. e - How can we become **e**mpowered through our new understanding? Participants apply learnings to how they might contribute to address the situation.
6. D - What can we **do**? Participants generate possible solutions to reduce or eliminate the problem captured in the photograph.

SHOWeD was used in both Photovoice training sessions (i.e., the Train-the-Trainers and Youth Advocate Trainings) that were offered.

For the DCPC, these solutions were aimed at system-level changes (i.e., changes in policies, laws, or the built environment that can address the problem). The products yielded by the Photovoice sessions were a set of captioned photographs that could be used to advocate for environmental, policy, or other system-level changes.

Procedures

The DCPC/CPS team formed the YPLC to engage youth as peer-educators/advocates for environmental and policy changes starting in 2016. Youth were trained to develop pamphlets to provide information to community partners at community events. The pamphlets were the primary focus for a capacity building effort for which the youth developed a logic model and action plan. In 2019, after training provided to the youth by the adult staff members, a Photovoice project was implemented utilizing a qualitative, PAR method as the youth's primary engagement approach.

The Photovoice train-the-trainer session in 2019 focused on how to apply the method in youth-led, adult-guided advocacy efforts. DCPC staff participated in a one-day Photovoice Training. An evaluator and professional photographer from a nearby public health research firm facilitated the train-the-trainer session. Training on the details and clarity of photography were among the rigorous guidelines needed for Photovoice. Direction and

clarity of photos, for example, were needed to assist in interpretation of the pictures (Liebenberg, 2018). The ethics of photography and obtaining release statements for those who may appear in the pictures were also needed in Photovoice. The training was delivered in two four-hour sessions—the first session was the train-the-trainer training for staff and the second session was delivered by DCPC staff to train the YPLC. The evaluator provided DCPC staff with a background and overview of Photovoice methodology and guidelines on photographic techniques. The professional photographer instructed staff on different angles from which to take photos as well as the use of lighting. After instruction on taking pictures, the staff were trained in the SHOWeD method (Wang and Burris, 1997) described above; and they practiced creating captioned photographs using a sample of photos from a previous Photovoice project.

The following week, staff members were able to conduct an additional 3-day training for YPLC members. The process involved four sessions, including: 1) a training on the Introduction to Photovoice, how to take good photos using appropriate angles, and identification of a prevention theme to guide the photo-taking; 2) action-oriented (indoor or outdoor) sessions to take photos of the community's assets and deficits that show the extent of the problem in focus; 3) a discussion of the photos to apply captions on what participants believed the photos reflected about their community's assets and deficits; and 4) an exhibit and presentation to policy makers and other community members highlighting each photo and its meaning for needed social action (see Figure 1). Topics for the project/event included the accessibility of prescription drugs, lack of access to emergency rooms or services, and real people affected by opioid use.

Figure 1. Pictures of YPLC members in Photovoice training.



Note: The photo on the left depicts a CPS staff member training the YPLC members; and the photo on the right depicts a flip chart with one of the themes that emerged from youth during the Photovoice discussions. The text on the chart reads, “Overdose on Knowledge, not Opioids.”

After the project and event were completed, an evaluator conducted a few interviews with trainers, youth, and community stakeholders (see Table 1). Interviews were completed over the phone and lasted less than an hour. Responses were shared in a report for the Wards 7 and 8 DCPC and are provided in the Results Section to follow.

Results

CPS Training. Since implementing the CPS Training, Wards 7 and 8 DCPC staff members and other professionals have planned and executed multiple logic models and action plans with over 40 different community partners. This has consisted of education at youth events, campaigns for substance prevention, and collaborations with other organizations. Community stakeholders also have requested consultations from the DCPC staff due to certifications staff members maintain and the requirement to renew the certification every year. There are many stakeholders in Wards 7 & 8 who continue to ask about further training and opportunities to take a course. Many have consulted the staff about websites to review the information about the trainings. Community members trust

the DCPC with assisting in the promotion and completion of community events. Testimonies of the DCPS's work have been included in the local community newspaper and other news outlets. Furthermore, the requirement for yearly CPS certification renewal provides the opportunity for informal networking among professionals. For example, professionals can consult each other when seeking out information about the availability of upcoming Continuing Education Unit (CEU) workshops that will fulfill certain requirements. They also can share resources with other clinicians and human services professionals.

Photovoice Training. As a result of the CPSs' knowledge and guidance along with Photovoice training by part-time staff, the YPLC completed a Photovoice project entitled, "Overdose on Knowledge, not Opioids." The YPLC spent time creating a logic model and action plan for this Photovoice project with the guidance of staff members and other professionals trained in Photovoice. Youth took 60 pictures from which they selected 10 photos to apply the SHOWeD method and captions (see Figure 2). These photos later were presented by youth in an exhibit to advocate for systems-level changes. The photos were enlarged and reproduced on 16" x 12" canvas for the exhibit. The exhibit took place along with a video presentation, "More Harmful than You Think," and panel discussion at a local restaurant in one of the communities of Ward 8 in D.C.

Figure 2. Sample Photovoice canvases on exhibit at the community event.



Parents: Learn what's in your cabinet; codeine and promethazine can be used to make Lean.



Dispose of needles properly. Poor disposal can harm other people.



Hold on to your lighters at the park. You could save a child's life from careless fires.

Post-Photovoice Showcase interviews. As noted earlier, the captioned photos from the Photovoice project were showcased in exhibits at multiple events in D.C. Feedback from the interviews conducted with DCPC staff post-exhibit suggested that the adults understood the value of Photovoice and were able to articulate that the Photovoice training for youth had its intended positive effect on increasing opioid abuse awareness. For example, the aim of the Wards 7 and 8 DCPC Photovoice project, according to one of the interviewees trained to guide the project, was to "spread awareness of the harmful effects that opioids are causing in Wards 7 and 8 and start a dialogue about changes and answers to solve the problem." This interviewee continued with observations about the effects of the Photovoice experience on positive youth engagement, stating, "After the video and panel discussion, youth seemed engaged with attendees about the meaning of the photos and next steps to social action. In addition to fostering a call to action among the attendees, the Photovoice process and exhibit seemed to have favorable effects for youth. Youth seemed to feel empowered, and they learned about their own personal abilities to be creative (take documentary photos), converse (speaking to community officials and the public), and lead change in their communities." The interviews also suggested that the Photovoice project had the intended positive effects on increasing community awareness (see Table 1).

Table 1. Qualitative Summary from Trainees and Stakeholders after Photovoice Showcase

Respondents: Photovoice Professional Trainees/Youth Trainees	
<u>Questions:</u>	<u>Consensus of Responses:</u>
1. How is this beneficial for professionals?	“...to spread awareness of the harmful effects that opioids are causing in Wards 7 and 8 and start a dialogue about changes and answers to solve the problem.” “[the Photovoice project] stimulated discussions for some attendees about partnerships”
2. How is this beneficial for the community?	“Individual community members indicated that the exhibit raised concerns of which they were not aware...most were seeking guidance and help to make changes in the community and asking questions about where to find resources.” “...positive effects on the youth (improved self-efficacy, increased verbal communication skills, improved social competency); their parents (knowledge of how the epidemic is fueled by what they do in their homes—need to monitor medications to which youth might have access); and the community at-large (increased awareness of the issues and receptivity to improving the conditions)”
Respondents: Community Stakeholders	
<u>Questions:</u>	<u>Consensus of Responses:</u>
1. Describe your reaction to the Photovoice project at the Busboys and Poets event in September 2019?	“I thought the photos captured the essence of youth understanding of opioid use in their communities. I believe it was timely and factual. I thought they did a wonderful job.”
2. Do you think the pictures and captions had a community impact? Why or Why not?	“I believe they did. Especially the photos that indicated an uncommon way of gaining access to harmful opioids, photos of medicine cabinets and the syringes on the ground harming others. I was impressed with the images and what youth felt was important to know in the images they captured. They were very thoughtful and thought provoking.”
3. Explain why you think professionals and community members should participate in Photovoice training based on what you viewed at the Busboys and Poets event in September 2019?	“I believe Photovoice training helps to zoom in on a particular aspect of substance use and put it into context of its impact and importance to those around them. Sometimes just the image itself matters.”

Discussion

Summary of Results

The DCPC utilized a multi-tiered, systems change approach using the CPS and Photovoice trainings to educate students and other professionals in human services, who then trained peers and youth in their communities for equity-informed, collaborative social action efforts to reduce opioid use in Wards 7 and 8 of D.C. DCPC staff and youth were primarily African American and had community connections. The trainings enhanced their preparedness for equity-informed collaborations and systems change; and provided skills building in culturally appropriate communications, youth/community engagement, and capacity-building in limited-resource communities as stated in previous literature (Liebenberg, 2018; Wang & Burris, 1997).

Community Prevention Specialist Training

The environmental strategies approach “recognizes that risks associated with substance use are, in part, a function of the interplay between the environments where an individual uses and the substances he/she uses” (CADCA, no date, p. 1). In this environmental strategy approach, place mattered. This project supports the

assumption that the ability to shape individuals' thoughts by structuring what is expected or permitted in specific environments through Photovoice can increase community and youth awareness of drug use. Similar results were found by Miller and Mather (2010). Training CPSs to employ environmental strategies in their work with youth substance prevention had many benefits for the Wards 7 and 8 communities.

One benefit is that the increased number of CPSs in the communities can create greater credibility and sustainability of the human services workforce that has a command of shared, internationally recognized, evidence-based prevention strategies. Having CPS professionals with these competencies can improve the communities being served because these professionals increase the likelihood of success in preventing opioid abuse by using proven standardized processes that are tailored to effectively address local conditions. The CPS certification rooted in the environmental strategies approach was also data-driven. The certification was based upon local data, community-level needs assessments, and active participation of community-level adult and youth stakeholders in data collection. Consequently, the DCPC has received several requests about training additional CPSs from our longstanding community key leaders who have been partnering with DCPC. However, because of the lack of an available systematic training process and the lack of a local exam testing option, we have not been able to fulfill these requests.

Youth-led, Adult-guided Photovoice Training

The youth in our project used their increased capacity in social action during the Photovoice training, and this training resulted in positive outcomes for their peers, family, and community stakeholders. Trainers reported positive effects of the Photovoice training on the youth (improved self-efficacy, increased verbal communication skills, improved social competency), their parents (knowledge of how the epidemic is fueled by what they do in their homes—need to monitor medications to which youth might have access), and the community at large (increased awareness of the issues and receptivity to improving the conditions that could prevent opioid use).

Moreover, the exhibit that resulted from this project stimulated discussions among attendees about potential partnerships with the DCPC to address opioid use and abuse. These partnership discussions focused on leveraging or sharing resources to address the issues, including stated interest from community partners such as the Community Development Center, the citywide D.C. YPLC, and a Community Center located in one of the Wards. It is expected that these collaborations could assist in decreasing the inequities in the Wards by offering CPS training opportunities to additional professionals and students in other human services fields; and having these individuals train youth residents on the use of Photovoice in social action projects.

Future Direction and Implications

There is a need for further CPS training and Photovoice train-the-trainer programs to increase the number of professionals and students in the pipeline in prevention who can conduct processes such as Photovoice for social action. Strategies for prevention are not as well known to graduate students and other service professionals in substance prevention. The expansion of the IC&RC into D.C. may assist in certifying more prevention specialists. A first step for the collaborations just mentioned might be to advocate for this expansion.

Prevention is the first response to problems of substance use and abuse. However, the opioid problem in Wards 7 and 8 is occurring amid the larger opioids epidemic in the United States. With respect to the opioids epidemic, DCPC recognizes that some users often get to the point of overdosing on opioids, primarily heroin in the D.C. area. In these cases, we must also provide access to lifesaving treatments such as naloxone. The swift administration of naloxone has been known to save many lives (NIDA, 2017). Thus, many prevention specialists are also seeking out and completing other trainings, such as Narcan Training. However, like prevention trainings, for trainings related to treatment availability and accessibility are also scarce. Additionally, there is a need for more education on the subject of opioid addiction and those involved in the lives of those opioid addicts (Kelly et al., 2017). Black men are increasingly dying from this epidemic, and we need more professionals trained to provide

culturally-responsive education and reasonable solutions to the gendered nature of the problem (Mason et al., 2022).

Moreover, prevention efforts are being implemented amid the COVID-19 pandemic and other social action/social justice movements in the United States. To that end, DCPC is working with partners to complement CPS and Photovoice trainings with best practices in remote/virtual learning and programming. Once an adequate training process is in place, a larger number of human services professionals and graduate students could participate in virtual CPS trainings. Virtual trainings avoid the need for finding convenient locations, eliminate the need to travel in CPS trainers from other states, and provides the opportunity to stretch resources to offer multiple times for trainings so as not to conflict with professionals' and students' course and work demands. The place-based nature of Photovoice coupled with virtual trainings offers exceptional opportunities to keep youth engaged during closings due to the COVID-19 pandemic. Once trained in the photographic and ethical aspects of Photovoice, youth can take photos anywhere they are not restricted through virtual meetings in the SHOWeD methods. Exhibits can then be held virtually and perhaps attract a wider audience than the in-person exhibit format. DCPC is exploring all options as these trainings move forward.

Limitations

The Wards 7 and 8 DCPC understands that some of the inequities documented are specific to the communities served. Wards 7 and 8 of D.C. include areas that are disproportionately impoverished and disadvantaged (e.g., in terms of food disparities, lack of transportation, and lack of living-wage jobs) compared to other areas of D.C. Although these lessons learned and best practices cannot be generalized, the problems in these Wards are similar to so many other areas around the United States, including those in which social injustices abound and COVID-19 is disproportionately affecting residents.

Due to the unavailability of CPS and Photovoice trainings in Wards 7 and 8 of D.C., the pool of human services professionals and graduate students for this project was limited, raising questions about the external validity of the results. Interviews were conducted with the adult and youth trainees who participated, however, to gather input on how to increase the awareness of, need for, and rigor of the community-friendly trainings described in this article. It is our hope that a larger number of professionals and students will engage in these trainings to promote more social action and justice, and that academic institutions as well as local and state governments will provide the needed resources to increase the availability of such trainings.

Author Note

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