The Role of Prevention Science in Promoting Children's Mental Health: A Model for School Psychologists

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INTRODUCTION

Children's Mental Health: The need for effective mental health services for children is imperative. Recent investigations in the US indicate that the country’s children and families are faced with a major "health crisis," as substance abuse, violence, drop-out rates, combat problems and other high-risk behaviors are on the rise, while access to quality mental health services is available to only a privileged few (Hage et al., 2007; Satcher, 2000). Consistent with the recommendations of the President’s New Freedom Commission on Mental Health (2003), there exists a pressing need to develop and expand theory, practices, and services that stress prevention, early identification, and interventions geared toward health promotion (Hage et al., 2007).

Prevention Science: Prevention science fits mental health objectives. Clinicians not only work to reduce the incidence and relapse of various psychological disorders but also to promote positive adaptation and adjustment for the general population. Critical aspects of successful prevention programming include (1) developing a comprehensive conceptual model to identify etiology of the targeted problem, malleable risk and protective factors contributing to this problem & their developmental significance (2) designing trials to manipulate hypothesized risk and protective factors to determine these causal; (3) selecting causal factors to target and conducting effectiveness trials; and (4) ensuring the sustainability of successful programs (Buckner & Cai, 1998; Cai et al., 2003). Kellam, Kouri & Moscicki, 1995).

Services in School: As children spend a major portion of their time in schools, provision of services in the educational setting is appropriate and necessary. Critical of current school services include inadequate educational achievement, school violence, over-referral to special education and disproportionate placement of minorities into special education, under-utilization of mental health services for children, and a poorly coordinated system of child mental health services" (p. 1, Stein, Hoagwood & Cohn, 2003). Addressing these concerns require system level change. The literature clearly suggests that such a re-conceptualization will increase the efficacy and efficiency of school psychologist’s work (Stein, et al., 2001).

ABSTRACT

Research has shown that early and focused prevention efforts can greatly reduce the costs, economic, psychological and social harm by familial and societal risk factors and prevent serious mental health issues. This paradigm also resonates with the goals outlined in the Futures 2000 conference and has been recommended by numerous school psychology researchers (Adlhelm, 1996; Bagnato, 1999; Elliot, 1996; Kamphaus, 1996; Short, 1996; Weast, 2000). While interventions should be delivered when warranted, focusing on prevention will help decrease the number of individuals needing more intensive services in the long run. Even though successful applications of prevention science to children's mental health issues have been documented (Weissberg, Kamphaus, & Seligman, 2003), prevention science in the field of school psychology is still in its infancy and has much room for growth and advancement.

ROLE OF SCHOOL PSYCHOLOGISTS

Adopting a prevention approach requires that school psychologists reconceptualize their roles and responsibilities through a school-wide population rather than individual clients (Stein, et al., 2003). This paradigm also resonates with the goals outlined in the Futures 2000 conference and has been recommended by numerous school psychology researchers (Adlhelm, 1996; Bagnato, 1999; Elliot, 1996; Kamphaus, 1996; Short, 1996; Weast, 2000). While interventions should be delivered when warranted, focusing on prevention will help decrease the number of individuals needing more intensive services in the long run. Even though successful applications of prevention science to children's mental health issues have been documented (Weissberg, Kamphaus, & Seligman, 2003), prevention science in the field of school psychology is still in its infancy and has much room for growth and advancement.

PROCEDURE

The Missouri Prevention Center was launched to promote positive youth development and reduce children’s risk for negative social emotional outcomes, especially aggression and depression. The Center is grounded in the prevention science framework and also integrates principles of community-based participatory research to ensure its outcomes are meaningful and sustainable within the communities it targets. School psychology graduate students are members of the Center’s interdisciplinary team and take significant leadership roles. They are involved in all aspects of the Center including the Steering Committee and Workgroups. Because of their training in and commitment to child welfare and school mental health, multiculturalism, and prevention, school psychologists are able to make valuable contributions to the Center.

Following the steps of prevention science, the Center has developed a clear mission statement and logic model to guide activities. During the coming years, the Center will continue to conduct high quality prevention science research to inform and evaluate program activities. We will also continue to partner with communities to develop and implement sustainable programming.

PREVENTION SCIENCE IN ACTION:

Critical Steps in Developing, Implementing, and Sustaining Evidence-Based Prevention Programs

Step 1: Develop Ecological Conceptual Model

Step 2: Test Hypothesized Risk/Protective Factors

Step 3: Manipulate Hypothesized Causes

Step 4: Partner with Communities to Design Culturally and Contextually Relevant Interventions

Step 5: Develop/Implement Sustainable Programming

MISSOURI PREVENTION CENTER: LOGIC MODEL

Vision:

All children will live in positive effective environments that foster healthy development and well-being.

Mission:

The Missouri Prevention Center was founded to develop, implement, and disseminate best practices for reducing the prevalence and societal burden of depression and aggression through prevention science methods.

Core Values:

• Children’s well-being is fostered by systems of support including family, peers, schools, and communities.
• Strong positive relationships between children and their systems of support are imperative for promoting socioemotional wellness.
• The optimal way to create lasting and meaningful change is by involving and engaging community members in all aspects of our work.
• Optimal services for children are developed and informed by ongoing rigorous research.

Assumptions:

• Depression & aggression pose a major burden for children & society.
• Prevention science & public health methods can help reduce the societal prevalence & burden of depression & aggression.
• Ecological contextual theories inform effective research & practice.
• Evidence-based practices are preferred and in routine school practice.
• Community-based participatory research and partnerships are necessary to create culturally-specific practices that are sustainable.
• Social environments at home and school play a critical role in the development of child well-being and/or psychopathology.
• All children deserve healthy and safe social environments.
• Adults are responsible for providing healthy and safe environments at school and home.
• Governments are responsible for ensuring that all children have access to healthy and safe environments.

MISSOURI PREVENTION CENTER CARE ACTIVITIES

Research:

• Pilot Family Resource Centers
• Conduct Community Based Participatory Research with school districts to determine how they decide on prevention early intervention programming
• Pilot interventions for childhood depression
• Write papers on developmental psychopathology, development of interventions, and prevention science

Service:

• Psychosocial services to families, community, and school personnel
• Parent training
• Teacher consultation

Training:

• Train graduate students in evidence-based practices
• Provide in-service training and consultation to schools
• Develop and implement teacher training in effective classroom management

Policy:

• Educate state and national leaders on the importance of prevention and intervention for children and families and advocate for related legislation

Activities:

Obtain state and national funding to facilitate research and train graduate students to become leaders in the field of prevention and early intervention

Develop Prevention Science Consortium of local, national, and international collaborators

Disseminate findings from research and promote knowledge of evidence-based practices for children, school, and families through publications, presentations, and resource centers.

Build relationships with schools, local organizations, and national affiliations

Increase the number of school and community personnel trained in and using evidence-based prevention and intervention with children and families

Short Term Outcomes

• Parents will increase their involvement with their child’s education.
• Families will feel more connected to the community and school.
• Parents will have the ability to address the home environment that detract and promote social, emotional, and behavioral outcomes for children.

Long Term Outcomes

• Prevent negative, social, emotional, and behavioral outcomes for children.
• Promote positive outcomes for youth, improved academic achievement and social-emotional development.

The FRCs provide support along a three-tiered continuum. Families are provided access to basic parenting strategies (universal level), the Family Check-Up (FCU) and parenting groups (at-risk level), and limb supported/ intensive interventions (targeted level). Also, the FRCs are integrated with Positive Behavior Support (PBS) to increase collaboration among school, parents, and parents, support local norms for parenting practices, and disseminate information for improving practice. The FRCs strive to be inclusive of the entire student body, to address all mental health, and prevent problem behavior (our Dishion & Kusnecoff, 2005). The goal is to strengthen those already existing structures MPC has in place in active involvement.

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