



Using Prevention Science to Promote Children's Mental Health

Rohini Puri, Geetika Agarwal, Wendy M. Reinke, Keith C. Herman

University of Missouri - Columbia



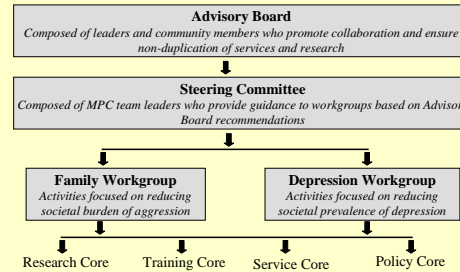
ABSTRACT

In a recent issue of The Counseling Psychologist, Hage et al. (2007) encouraged greater involvement of counseling psychologists in prevention related activities. To support these efforts, the authors described 15 principles of prevention science and provided aspirational guidelines to counseling psychologists. Although the call for counseling psychology participation in prevention activities is not new, the article was unique in connecting counseling psychology to the emerging field of prevention science and in offering suggestions for applying these principles. The present poster is intended to highlight the prevention science principles articulated by Hage et al. (2007) by describing the activities of the Missouri Prevention Center, a program that uses these principles of prevention science within counseling research to enhance children's mental health.

BACKGROUND AND RATIONALE

- Research has shown that early and focused prevention efforts can greatly reduce the costs, economic, psychological and social, borne by children, families, and societies impacted by poor mental health (Weissberg et al., 2003).
- Despite increasing interest and awareness about prevention science among counseling psychologists (Romano & Hage, 2000; Vera, 2000), most literature suggests that counseling psychologist training and professional activities continue to be focused largely on remediation (Fretz & Simon, 1992; Goodyear et al., 2007).
- In support of this crucial movement within counseling psychology, our poster shows how the principles of prevention science proposed by Hage et al. (2007) can be applied in the context of promoting positive youth development and reducing children's risk for negative social emotional outcomes, especially aggression and depression.
- To illustrate this process, we describe the activities of the Missouri Prevention Center, an initiative taken by an interdisciplinary team of faculty and students at the University of Missouri-Columbia.

MPC STRUCTURE



IMPLICATIONS FOR COUNSELING PSYCHOLOGISTS

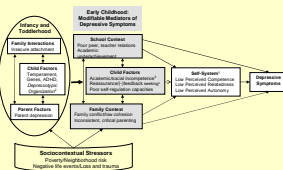
Based on our work at the Missouri Prevention Center and a thorough review of prevention science literature, we propose a number of ways in which counseling psychologists could integrate prevention science into their research, practice and training:

1. **Develop comprehensive, multisystemic interventions for addressing both risk and protective factors** through the careful integration of ecological, public health and social justice frameworks that focus on creating systemic changes in the individual's physical and social environment (Romano & Hage, 2000; and others, e.g. Bronfenbrenner, 1979).
2. **Undertake early intervention efforts** that target children as young as preschoolers and toddlers, thereby preventing the risk factors from crystallizing and becoming resistant to intervention (Coie et al., 1993).
3. **Develop and implement more contextualized and culturally appropriate prevention initiatives** by capitalizing on counseling psychologists' core competencies in the area of multicultural research and practice (Arredondo, 1999; Romano & Hage, 2000).
4. **Participate in national and international cross-disciplinary prevention groups** such as the Society for Prevention Research. Coie et al. (1993) maintain that prevention research "requires collaborative efforts of interdisciplinary teams to achieve the diversity in expertise and breadth of intellectual focus that is necessary."
5. **Move away from a remedy-focused model of care and adopt a prevention-based agenda** (e.g. Holden & Black, 1999; Schmolling et al., 1997) in counseling psychology research, training, and practice.
6. **Develop and teach evidence-based prevention practices as part of the counseling psychology curricula** for graduate students and professionals.
7. **Increase involvement and participation in school-based intervention and prevention programming.** Romano & Hage (1993) insist that counseling psychologists need to overcome their hesitance to work with schools, parents and administrators, and actively collaborate with these important stakeholders in the community for accomplishing this.

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

Ostrander & Herman (2006) found that parent behavior management skills mediated the relationship between inattention and depression; that is, specific parent behaviors were part of a causal pathway to depressive symptoms in children.

Herman & Ostrander (2007), Herman, Lambert et al. (2007), & Herman, Lambert, Reinke et al. (2007) found that academic problems were a developmental pathway to depression/cognition and symptoms across diverse samples.

Step 3: Manipulate Hypothesized Causes

Webster-Stratton & Herman (2007) found that an intervention to improve parent behavior management skills (the Incredible Years) reduced child depressive symptoms in addition to its known effects on conduct problems.

Herman et al. (2008) are developing school-based strategies for the prevention and early intervention of depression including strategies to promote academic competence and mitigate the negative consequences of low competence.

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

The Missouri Prevention Center is in the process of forging partnerships with schools throughout the state of Missouri, including school personnel, administrators and various school-based and community-based parent groups.

Community-Based Participatory Research guides our intervention development and research agenda.

Step 5: Develop/Implement Sustainable Programming

Our implementation strategies include establishing Family Resource Centers in schools, where training, consultation, and services will be provided in collaboration with the school counselors/psychologists, administrators, teachers, and parent groups. Our goal is to strengthen these already existing structures in the schools so that stakeholders take ownership of the program even after MPP has withdrawn its active involvement.

Missouri Prevention Center: LOGIC MODEL

