

# **Using Prevention Science to Promote Children's Mental Health**



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#### 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

## Advisory Board

Composed of leaders and community members who promote collaboration and ensure non-duplication of services and research

#### Steering Committee

Composed of MPC team leaders who provide guidance to workgroups based on Advisor Board recommendations



Training Core Policy Core Service Core

#### 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.

- 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).
- Undertake early intervention efforts that target children as young as preschoolers and toddlers, thereby preventing the risk factors from
- 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).
- Participate in national and international cross-disciplinary prevention groups such as the Society for Prevention Research. Coje 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.
- 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
- Develop and teach evidence-based prevention practices as part of the counseling psychology curricula for graduate students and

using evidence-based prevention and

intervention with children and families

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 depressogenic cognitions 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

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

deter and prevent pegative

social emotional and

behavioral outcomes for children.

## Missouri Prevention Center: LOGIC MODEL

## Vision: All children will live in positive effective environments that foster healthy development and wellbeing.

### Mission:

#### The Missouri Prevention Center was founded to develop, implement, evaluate, 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 various 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 family and 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.
- · Evidenced-based practices are preferred over untested or ineffective practices.
- 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
- · Governments are responsible for ensuring that all children have access to healthy and safe environments.

#### Missouri Prevention Center Activities Short Term Outcomes Long Term Outcomes Core Competencies · Pilot Family Resource Centers · Prevent negative social. Conduct Community Based Participatory Obtain state and national funding to emotional and behavioral Research with school districts to determine outcomes for children facilitate research and train graduate how they decide on prevention and early Promote positive outcomes students to become leaders in the field Research intervention programming for youth, including of prevention and early intervention Pilot interventions for childhood depression improved academic Write papers on developmental achievement and social psychopathology, development of emotional development interventions, and prevention science Develop Prevention Science · Schools will promote Develop a web-based tool to assist schools in Consortium of local, national, and healthy environments that determining needs and identifying EBP in international collaborators deter and prevent negative Service prevention and early intervention social, emotional, and behavioral outcomes for children. Psychoeducational services to families Disseminate findings from research Schools will communicate community, and school personnel and promote knowledge of evidencewith families and promote Parent training based practices for schools, children. comprehensive service Teacher consultation and families through publications, ovision to children in need presentations, and resource centers. of additional supports. . Train graduate students in evidence-based Training · Parents will increase their Provide inservice training and consultation involvement with their Build relationships with schools, local to school practitioners child's education. Develop and implement teacher training in organizations, and national · Families will feel organizations effective classroom management connected to the community and school. Parents will have the ability to promote healthy Increase the number of school and Educate state and national leaders on the home environments that Policy community personnel trained in and

mportance of prevention and intervention for

children and families and advocate for related

legislation