

## Prevention

Primary prevention for young people involves the dual goals of reducing the incidence of psychological and physical health problems and of enhancing social competence and health (Weissberg, Kumpfer, & Seligman, 2003).

Historically, preventive interventions have been divided into three subcategories: (a) *universal preventive interventions* that target the general public or a whole population group that has not been identified on the basis of individual risk; (b) *selective preventive interventions* that focus on individuals or population subgroups who have biological, psychological, or social risk factors, placing them at higher than average likelihood of developing a mental disorder; and (c) *indicated preventive interventions* that target high-risk individuals with detectable symptoms or biological markers predictive of mental disorder but do not meet diagnostic criteria for disorder at the present time (Weissberg, et al., 2003).

Prevention efforts have focused largely on increasing both protective factors and resilience, while working to reduce exposure to risk factors. In as much as they provide a child with resources to cope with or buffer negative stressors and thrive despite deficits, internal and external factors are protective of mental health. Both risk and protective factors interact to help determine child development.

Citing Catalano's resilience theory, which suggests that all children can benefit from preparation to help them respond to adversity with effective, healthy strategies and coping mechanisms, Browne, Gafni, Roberts, Byrne & Basanti (2004) suggest that building skills that help to promote resilience in young people...is an important strategy in the amelioration of mental health problems. The need to strengthen the "mental immune system" in children is supported by a sizable literature base.

Prevention programs that aim to reduce risk and promote protective factors are designed to enhance resilience in young people. Oliver et al.(2006) note that one way to foster resilience in young people is through meaningful participation; that is, decision-making by young people that involves meaning, control, and connectedness. Experiencing autonomy and feeling connected to one's community are other important contributors to the development of resilience.

The results of Grotberg's (1998) International Resilience Research Project (IRRP) indicate that just as multiple risk factors increase the likelihood of negative outcomes for youth, the likelihood of positive outcomes is increased when promoting elements form the following "**Fifteen Elements of Resilience**":

I have:

- People around me I trust and who love me, no matter what.
- People who set limits for me so I know when to stop before there is danger or trouble.
- People who show me how to do things right by the way they do things.
- People who want me to learn to do things on my own.
- People who help me when I am sick, in danger, or need to learn.

I am:

A person people can like and love.  
Glad to do nice things for others and show my concern.  
Respectful of myself and others.  
Willing to be responsible for what I do.  
Sure things will be all right.

I can:

Talk to others about things that frighten me or bother me.  
Find ways to solve problems that I face.  
Control myself when I feel like doing something not right or dangerous.  
Figure out when it is a good time to talk to someone or take action.  
Find someone to help me when I need it.

Research shows that social and cognitive competency, a sense of community, social connectedness and family connectedness as individual protective factors have all been shown to be important in enhancing resilience and fostering positive mental health (Oliver et al., 2006; Weissberg et al., 2003; Browne, et al., 2004).

Exposure to accumulating risk factors increases the likelihood of mental health, developmental or behavioral problems. A strategy of risk factor reduction entails long-term initiatives in education and a balance of societal resources to address core risk factors such as socioeconomic inequity (Browne et al., 2003).

According to Weissberg et al. (2003), **coordinated prevention programming that works has the following six characteristics:**

1. Uses a research-based risk and protective factor framework that involves families, peers, schools, and communities as partners to target multiple outcomes.
  2. Is long term, age specific, and culturally appropriate.
  3. Fosters development of individuals who are healthy and fully engaged through teaching them to apply social-emotional skills and ethical values in daily life.
  4. Aims to establish policies, institutional practices, and environmental supports that nurture optimal development.
  5. Selects, trains, and supports interpersonally skilled staff to implement programming effectively.
  6. Incorporates and adapts evidence-based programming to meet local community needs through strategic planning, ongoing evaluation, and continuous improvement.
- Weissberg et al. (2003) emphasize that the most beneficial preventive interventions for young people involve coordinated, systemic efforts to enhance their social-emotional competence and health.
  - With regard to suicide prevention efforts, Goldney (2005) notes that it is probable that a common thread to these interventions is that they provide a sense of caring for those who are suicidal, even if it is in an anonymous restriction of means to suicide, which buys time for the suicidal crisis to dissipate. At the very least such approaches are consistent with what has been described in the psychotherapy literature as enhancing a sense of “connectedness to others”. It is also evident that the interpersonal interaction with those who are suicidal is likely to fulfill the

- therapeutic ingredients of psychotherapy of accurate empathy, nonpossessive, warmth and genuineness.
- A number of recently published comprehensive prevention programs combining universal, selective, and indicated approaches in multi-component, multiyear projects are showing highly positive effects. These comprehensive programs often involve community, school, and family components that support young people's application of social and life skills across varied settings (Weissberg et al., 2003).
  - Problem-prevention efforts for young people are most beneficial when they are coordinated with explicit attempts to enhance their competence, connections to others, and contributions to their community. These positive outcomes serve a dual function: as protective factors that decrease problem behaviors and as foundations that support healthy development and success in life (Weissberg et al., 2003).
  - Programming that has multiple, integrated elements involving more than the single domain of family, school or community, is more likely to have positive results than single focus, single domain interventions (Browne et al., 2004).
  - Certain methods of program delivery are associated with lower effectiveness:
    - Fear-inducing tactics such as 'shock incarceration' programs seem ineffective.
    - Programs that deliver information only, and in a didactic mode, appear to be less effective than interactive activities impacting both school and family.
    - Long-term programming, from several months to years, is shown to be more effective than short, intensive initiatives.
    - Early interventions for children at risk or in the early stages of disordered behavior can also be effective.
    - Certain behaviors and attitudes proved more resistant to change (e.g., substance misuse, unsafe sex and oral hygiene (Browne et al., 2004).
  - **An underlying thread is that effective children's services, and agencies, should address the whole child rather than focusing only on a single problem behavior, since children often have a cluster of emotional/behavioral problems, interrelated with one another and with external factors (Browne et al., 2004).**

## References

- Browne, G., Gafni, A., Roberts, J., Byrne, C., & Majumdar, B. (2004). Effective/efficient mental health programs for school-age children: a synthesis of reviews. *Social Science and Medicine*, 58, 1367-1384.
- Goldney, Robert D. (2005). Suicide prevention: A pragmatic review of recent studies. *Crisis*, 26(3), 128-140.

Grotber, E. (1998). I am, I have, I can: what families worldwide taught us about resilience. *Reaching Today's Youth*, 1(4), 36-39.

Oliver, K. G., Collin, P., Burns, J., & Nicholas, J. (2006). Building resilience in young people through meaningful participation. *Australian E-Journal for the Advancement of Mental Health*, 5(1), 1-7.

Weissberg, R. P., Kumpfer, K. L., & Seligman, M. E. P. (2003). Prevention that works for children and youth. *American Psychologist*, 58(6/7), 425-432.

## **Prevention-Focused Evidence-Based Practices**

The **Reach for Health (RFH)** classroom curriculum is a school-sponsored community youth service program reduces self-reported violent behaviors among young urban adolescents. The framework for the RFH classroom health instruction was provided by the *Teenage Health Teaching Modules (THTM)* (20), a curriculum based on the Health Belief Model and theories of social learning, cognitive mediation, or habits of thought, planned behavior, and social inoculation (21–23). The RFH instructional component focuses on the three primary health risks among inner-city adolescents: drug and alcohol use; violence; and sexual behaviors that result in HIV infection, other STDs, and pregnancy. The curriculum promotes skill development within a developmentally appropriate, culturally sensitive, interactive framework. The curriculum consists of 35 lessons divided into four main units. The first unit consists of framing lessons that set the stage for the next three sections, each of which focuses on one of the primary risk domains. The **Reach for Health Community Youth Service program (CYS)** is the community service component of this curriculum. Under the guidance of teachers and community nurses, students spend several hours each week providing service in local health care agencies. Community placements can include nursing homes, neighborhood health clinics, child day care centers, and a senior citizen center. In their field placements, students perform a variety of tasks, such as reading to elders; assisting with meals; and helping with exercise, recreation, and arts and crafts groups.

**Community Youth Service** is a method of instruction in which students learn and develop through active participation in service experiences that meet actual community needs and are integrated into the students' academic curriculum. In keeping with theoretical models of the development of social competence and social skills critical to risk reduction, community youth service has the potential to provide youth with opportunities to practice decision-making, communication, goal-setting, self-assessment, and self-management skills. It is noted that *service learning may be particularly*

*important for economically disadvantaged adolescents* who, compared with more affluent youth, are less likely to be engaged in and thus benefit from more conventional types of community activities or involvement with adults who can serve as role models and mentors. When offered to students in early adolescence, service learning may provide much needed developmentally appropriate opportunities to forge links with other adults, test values, and try out new roles.

**The Social Decision Making/Problem Solving (SDM/PS)** is a universal program, meaning it can be provided to any students, rather than targeting those with special characteristics. The program aims to help students acquire social and decision-making skills and to develop their ability to effectively use those skills in real-life and academic situations. More specifically, the program seeks to develop children's self-esteem, self-control, and social awareness skills, including identifying, monitoring, and regulating stress and emotions; increasing healthy lifestyle choices; avoiding social problems such as substance abuse, violence, and school failure; improving group cooperation skills; and enhancing the ability to develop positive peer relationships.

**The Seattle Social Development Project (SSDP)** was a multi-year, school-based intervention that used a risk-reduction and skill-development strategy to improve outcomes for participating children and youths. The program was guided theoretically by the social development model, which hypothesizes that youths who are provided with opportunities for greater involvement with their schools and families, who develop the competency or skills they need for fuller participation with their schools and families, and for whom skillful participation is constantly reinforced, ultimately develop strong bonds with their families and schools. Further, the model proposes that these strong bonds set children on a positive developmental trajectory, resulting in more positive outcomes and fewer health-risk behaviors later in life. The SSDP was first implemented in 1981. It combined teacher, child, and parent components with the goal of enhancing children's bonding with their families and schools. Teachers were trained in proactive classroom management, interactive teaching, and cooperative learning, while the students themselves were provided with direct instruction in interpersonal problem-solving skills and refusal skills to avoid problem behaviors. Parents were offered courses in child behavior management skills, academic support skills, and skills to reduce their children's risk of drug use.

**Across Ages** is a mentoring initiative targeting youth 9 to 13 years of age. It includes four components: (1) elders mentoring youth, (2) youth performing community service, (3) youth participating in a life skills/problem-solving curriculum, and (4) monthly activities for family members. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.

**AI's Pals: Kids Making Healthy Choices (AI's Pals)** is a resiliency-based, early childhood prevention curriculum and teacher training program that develops personal, social, and emotional skills in children 3 to 8 years old. It is designed to help children gain the skills to express feelings appropriately, relate to others, accept differences, use self-control, resolve conflicts peacefully, cope, and make safe and healthy choices. More

than a curriculum, the AI's Pals approach can be used in all aspects of teaching and interacting with children, providing them with opportunities to practice and generalize their skills. In preparation for implementing the program, teachers receive training to create an environment of caring, cooperation, respect, responsibility, and healthy decision-making. A companion strengths-based parent education program builds positive relationships between parents and children and offers parents ways to reinforce AI's Pals concepts at home with their children.

**All Stars** is a school- or community-based program designed to delay the onset of and prevent high-risk behaviors in middle school adolescents 11 to 14 years of age through the development of positive personal characteristics in young adolescents. It especially targets drug use, violence, and premature sexual activity. It is designed to help young people develop qualities that will motivate them to avoid drug use and high-risk behaviors; reduce the use of gateway drugs—alcohol, tobacco, marijuana, and inhalants; help young people develop meaningful relationships with each other and institutions that serve them; and motivate youth to develop positive characters and lifestyles.

**Creating Lasting Family Connections (CLFC)** is a comprehensive, family strengthening, substance abuse and violence prevention curriculum serving an intended population of high-risk children 9 to 17 years of age and their families. It is a 15- to 18-session program, modular in design, with optional delivery strategies. It requires careful steps to define and mobilize an appropriate community.

**Early Risers: Skills for Success** is a multi-component, developmentally focused, competency-enhancement program that targets elementary school children 6 to 12 years of age who are at high risk for early development of conduct problems, including substance use. The program's premise is that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. The program uses integrated child-, school-, and family-focused interventions to move high-risk children onto a more adaptive developmental pathway.

**Families That Care: Guiding Good Choices (FTC:GGC)** is a multimedia drug prevention program that gives parents of children in grades four through eight (8 to 13 years old) the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding in the family, and teach skills to parents and children that allow children to meet the expectations of their family to resist drug use successfully. Formerly known as Preparing for the Drug Free Years, this program was revised and enhanced in 2003. The new FTC:GGC Family Guide offers more family activities and exercises, yet is more affordably priced.

**Keep a Clear Mind (KACM)** is a take-home drug education program for upper elementary school students, 8 to 12 years of age, and their parents. It is designed to influence known risk factors for late substance use by helping children develop specific skills to refuse and avoid the use of "gateway" drugs.

**The Leadership and Resiliency Program (LRP)** is a school and community-based program for high school students, 14 to 19 years of age that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence. The program includes resiliency groups that are held during the school day, as well as alternative activities offered after school, on weekends, and during the summer. These include adventure/outdoor activities, working with abused and neglected animals, and performing puppet skits for young children. The alternative activities focus on community service, altruism, learning about managed risk, social skills improvement, and conflict resolution. The program operates year-round with increased alternative programming when school is not in session. Participants may stay involved with the program throughout their high school years.

**LifeSkills<sup>TM</sup> Training** is an in-school substance abuse prevention and violence prevention program for upper elementary and middle or junior high school students 11 to 14 years old. It provides students with the necessary skills to resist social pressure to smoke, drink, and use drugs; helps them develop greater self-esteem, self-mastery, and self-confidence; enables children to effectively cope with social anxiety; increases their knowledge of the immediate consequences of substance abuse; and enhances cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors.

**Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)** prevents and reduces substance abuse among high-risk, multi-problem high school adolescents, 14 to 18 years of age, by placing highly trained professionals in schools to provide a full range of substance use prevention and early intervention services. These include normative and preventive education, counseling and skills training, problem identification and referral, community-based processes, and environmental approaches. This program was developed and tested in alternative schools.

**SAFE Children** is a community- and school-based program that helps families manage educational and child development in communities where children are at high risk for substance abuse and other problem behaviors. The program aims to help children 5 to 6 years old make the transition into elementary school, have a successful first year, and set a strong base for the future. Families with children entering first grade and living in inner-city, high-risk neighborhoods are enrolled in a 20-week family program, and children receive twice-weekly individual tutoring sessions that are heavily phonics-based.

**The Strengthening Families Program (SFP)** involves elementary school children, 6 to 12 years of age, and their families in 14 family training sessions using family systems and cognitive behavioral approaches to increase resilience and reduce risk factors. It seeks to improve family relationships, parenting skills, and youth's social and life skills.

**The Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14)** is a video-based intervention designed to reduce adolescent substance use and other problematic behaviors in youth 10 to 14 years age. The program is delivered within

parent, youth, and family sessions using narrated videos that portray typical youth and parent situations. Sessions are highly interactive and include role-playing, discussions, learning games, and family projects designed to improve parenting skills, build life skills in youth, and strengthen family bonds.