

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, conduct 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 significant (2) designing trials to manipulate hypothesized risk and protective factors to determine their causal role; (3) selecting causal factors to target and conducting effectiveness trials; and (4) ensuring the sustainability of successful programs (Buckner & Cain, 1998; Coie et al., 2003; Kellam, Koretz, & Moscicki, 1999).

Services in School: As children spend a major portion of their time in schools, provision of services in the educational setting are appropriate and necessary. Criticism 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 requires 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., 2003).

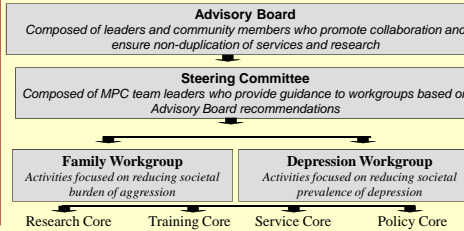
ABSTRACT

Research has shown that early and focused prevention efforts can greatly reduce the costs, economic, psychological and social, borne by families and societies afflicted by poor mental health. With the help of a model program, the poster highlights school psychologists' involvement in prevention science activities to enhance children's mental health. Specifically, the Missouri Prevention Center exemplifies such a model and is described in detail.

ROLE OF SCHOOL PSYCHOLOGISTS

Adopting a prevention approach requires that school psychologists reconceptualize their roles and responsibilities through public health lens including viewing the "client" as a school-wide population rather than individual students (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 (Adelman, 1996; Bagnato, 1996; Elliot, 1996; Kamphaus, 1996; Short, 1996; Weist, 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, Kumpfer, & Seligman, 2003), prevention science in the field of school psychology is still in its infancy and has much room for growth and advancement.

MPC STRUCTURE



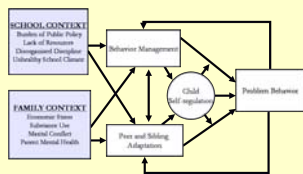
PROCEDURE

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 its 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

Reinke, Herman, Petras, & Jalongo (2007) conducted a latent class analysis of co-occurring academic behavior problems in a longitudinal community sample of 678 predominantly low-income African American children. They found multiple classes of co-occurrence in Fall of first grade that predicted long-term behavior outcomes in sixth grade. In particular, 12.5% of children had significant academic and behavior problems at school entry supporting the importance of both school and family contexts in determining important child outcomes.

Step 3: Manipulate Hypothesized Causes

In a series of studies, Reinke and colleagues (in press; 2006; 2007) found that a teacher consultation intervention, called the *Classroom Checkup* plus visual performance feedback, increased teacher implementation of effective classroom management strategies, including increased use of praise, use of behavior specific praise, and decreased use of reprimands. Further, these changes in teacher behavior contributed to decreases in classroom disruptive behavior.

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

The Missouri Prevention Center is forging partnerships throughout the state of Missouri, including with school personnel, administrators, and various school-based and community-based parent groups. We recently partnered with a local Head Start agency to deliver an evidence-based parenting intervention, the *Incredible Years*, to their families. Additionally, MPC is establishing Family Resource Centers (FRCs) housed within schools to promote training, consultation, and services in collaboration with the school counselors/psychologists administrators, teachers, and parent groups. These efforts will help ensure the contextual fit of our interventions.

Step 5: Develop/Implement Sustainable Programming

The FRCs provide support along a three-tiered continuum. Families are provided access to basic parenting strategies (universal level), the Family Check-Up (FCL) and parenting groups (at-risk level), and direct support interventions (targeted level). Also, the FRCs are integrated with Positive Behavior Support (PBS) to increase collaboration between school staff and parents, support local norms for parenting practices, and disseminate information for encouraging practices that promote school success, positive mental health, and prevent problem behaviors (see Dishion & Kavanagh, 2003). Our goal is to strengthen these already existing structures MPC has withdrawn its active involvement.

Missouri Prevention Center: LOGIC MODEL

