

# 2

## Prevention Definitions

### **Toward Common Definitions**

As seen in the previous Chapter, current implementation of an effective blend of school-based mental health services is hampered by the fragmented history of prior service delivery, which contributes to the current lack of clarity in its models, concepts, definitions and priorities. Because an aim of this monograph is to bring a common language to discussion of SBMH programs, a position on the definition of prevention strategies and the distinction from treatment strategies is necessary.

Prevention, in any terms, at all levels, will have a central role in the future of SBMH. During the past two decades, the broad children's mental health services community has come to agree that the field needs to look beyond initiatives to increase the number of practitioners who provide direct clinical service and shift the focus to implementation of models that emphasize prevention and service integration (e.g., Tolan & Dodge, 2005). To support this shift, an important first step is to adopt a commonly accepted definition of what constitutes prevention intervention, the various levels of prevention intensity, and the differentiation of prevention and treatment. The adoption of a consensus definition is still emerging, leading to confusion at both the practice and research levels in the mental health services field, including SBMH services (School Mental Health Alliance, 2005).

### **Definitions from Public Health**

The public health field has produced an outstanding record of prevention intervention that has addressed infectious disease, implemented mass immunization, and introduced hygiene measures that have dramatically reduced the death rate due to these diseases. Based on this successful record, the public health prevention model has been extended to noninfectious diseases and chronic illnesses, including mental illness and emotional/behavioral disturbances in children (Mrazek & Haggerty, 1994). We contend that public health offers a valuable framework for understanding how preventive services can be assessed and described, and this discussion reviews the evolution of its definitions, and relates them to current prevention models in SBMH.

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### The Commission on Chronic Illness

The original classification system for prevention in the public health field was proposed by the Commission on Chronic Illness (1957). It contained three types of prevention interventions, stated in terms of primary goals related to disorder or illness (see Table 2.1).

## table 2.1

### Three Types of Prevention (Commission on Chronic Illness, 1957)

- **Primary Prevention**, which seeks to decrease the number of new cases of a disorder or illness;
- **Secondary Prevention**, which seeks to lower the rate of established cases of a disorder or illness in the population (prevalence);
- **Tertiary Prevention**, which seeks to decrease the amount of disability associated with an existing disorder.

### Gordon's Revisions

The introduction of the Commission's definitions was not universally accepted in the field and much confusion and disagreement resulted. Gordon (1987) devised a new classification system using a "risk benefit" perspective. He proposed that the risk to an individual of getting a disease must be weighed against the cost, risk, and discomfort of the preventive intervention and his categories of preventive interventions are provided in Table 2.2.

## table 2.2

### Three Levels of Prevention Proposed by Gordon (1987)

- **Universal Measures** are desirable for everyone in the eligible population. The benefits outweigh the costs for everyone;
- **Selective Measures** are desirable only when the individual is a member of a subgroup whose risk of becoming ill is above average;
- **Indicated Measures** are desirable for an individual who, on examination, is found to manifest a risk factor or condition that identifies them as being at high risk for the future development of a disease.

A simplistic blending of the two systems has added to the confusion (see Mrazek & Haggerty, 1994). For example, Gordon (1987) holds that indicated interventions and treatment are different. That is, treatment quickly provides benefits including symptom reduction, while indicated prevention is probabilistic in nature. Indicated prevention measures are used for asymptomatic persons and there is no sure way of knowing if the disease will occur. The potential benefit may be delayed and the cost needs to be evaluated given such a situation.

## The Institute of Medicine

In the early 1990s, the Committee on Prevention of Mental Disorders, a sub-committee of the Institute of Medicine (IOM), was charged with preparing a report on the current research and policy recommendations for a prevention research agenda for mental disorders (Mrazek & Haggerty, 1994). The resulting definitions of prevention are provided in Table 2.3. It should be noted that the definition of indicated prevention is different from Gordon's definition in which the term is only for asymptomatic individuals.

### table 2.3

#### Levels of prevention proposed by the Institute of Medicine (Mrazek & Haggerty, 1994)

- **Universal Preventive Interventions** are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone;
- **Selective Preventive Interventions** are targeted to individuals or a subgroup of the population whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk;
- **Indicated Preventive Interventions** are targeted to high risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder but who do not meet DSM criteria levels at the current time.

## Weisz, Sandler, Durlak & Anton

While these definitions have helped to guide the field, the conceptualization of prevention continues to evolve, with new features reflecting advances in the field. For example, Weisz, Sandler, Durlak, and Anton (2005) recently produced an important synthesis of prevention and treatment in the children's mental health field. While their conceptual model will be more fully discussed in the next chapter, their definitions of prevention strategies warrant mention in this section. For the most part, they use language similar to that in the IOM report in describing universal, selective, and indicated interventions. However, they have added a relatively new concept to the three levels of prevention strategies in the IOM report (i.e., "health promotion/positive development") and clearly separate prevention and treatment (see Table 2.4).

While it remains to be seen how universally these definitions will be adopted, Weisz and his colleagues (2005) have offered some clarity to the broad children's mental health services field with definitions that are more specific and more clearly delineated.

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## table 2.4

### Definitions of prevention and treatment (Weisz et al., 2005, p. 632)

- **Heath Promotion/Positive Development Strategies** target an entire population with the goal of enhancing strengths so as to reduce the risk of later problem outcomes and/or to increase prospects for positive development;
- **Universal Prevention Strategies** are approaches designed to address risk factors in entire populations of youth – for example, all youngsters in a classroom, all in a school, or all in multiple schools – without attempting to discern which youths are at elevated risk;
- **Selective Prevention Strategies** target groups of youth identified because they share a significant risk factor and mount interventions designed to counter that risk;
- **Indicated Prevention Strategies** are aimed at youth who have significant symptoms of a disorder ... but do not currently meet diagnostic criteria for the disorder;
- **Treatment Interventions** generally target those who have high symptom levels or diagnosable disorders at the current time.

### PBS is gaining attention

as an integrated approach to promoting social and emotional well-being for students.

### Prevention as Implemented by Positive Behavior Support (PBS)

As previously noted, within the special education field, mental health service approaches have evolved in parallel, with a separate literature. While the special education community has a long history of research and interventions targeted at children who have emotional disturbances and who are served in special education programs, their efforts for the most part have been at the indicated and treatment levels. Most of their work has focused on behavior management with little emphasis on universal prevention strategies.

Presently, a growing number of researchers in special education have begun to pursue a more proactive approach, expanding the scope of intervention. PBS, also referred to as Positive Behavior Interventions and Supports is gaining attention as an integrated approach to promoting social and emotional well-being for students. It is therefore important to reflect on the definitions for prevention central to its application.

PBS is fairly new to school settings. However, the PBS approach has an established record aimed at reducing challenging behaviors and increasing positive social interaction at the individual level. The PBS literature is predominantly found in the education sector directed at mental retardation and developmental disabilities. Its impact on the mental health field is still emerging but it is considered by its advocates to have great potential for improving practice and outcomes. PBS is more fully described in the next chapter of this monograph, however its definitions of prevention are included here as part of a comprehensive overview of the major conceptualizations of prevention as they relate to school-based mental health services.

In terms of prevention, PBS has adopted the three-level conceptualization similar to the IOM report. However, differences in the focus of the strategies and the language used suggest that PBS could be considered a system of treatment interventions rather than strictly prevention. The PBS approach to prevention strategies focuses on reducing the need for more intensive interventions for children who are at-risk for accelerating their level of challenging behavior.

At this point we offer the definitions of the three levels of PBS that have been proposed by the Office of Special Education Programs' (OSEP) Technical Assistance Center on PBIS (n.d.). These definitions are presented in Table 2.5.

## table 2.5

### Definitions of Prevention within the PBS Framework (OESP Technical Assistance Center on PBIS, n.d.)

- **Universal or School-wide Interventions** create positive school environments. This is a proactive approach that replaces the need to develop individual interventions for multiple students who engage in similar inappropriate behaviors. For example, by teaching all children the correct and safe way to walk through the halls of the school, touching other children and the escalation into aggressive behavior and fighting can be greatly reduced. These strategies are considered to be “primary prevention” in that they build the capacity of the school to provide a safe environment for all children and to more effectively implement selective and indicated interventions;
- **Selective/Targeted Interventions** are used with students who require more than universal strategies but less than intensive individualized interventions. The purpose of selective or targeted interventions is to support students who are at-risk for or are beginning to exhibit signs of more serious problem behaviors. Such interventions can be offered in small group settings for students exhibiting similar behaviors or to individual students. These interventions are considered to be “secondary prevention;”
- **Intensive Individualized Interventions** are considered to be “tertiary prevention.” They are implemented when problem behaviors are dangerous, highly disruptive, and may result in social or educational exclusion. In developing these interventions, it should be noted that although the aim is to individualize, the methods of PBS are standardized and follow a specific plan that includes a functional behavioral assessment of the situation and the development of a person-centered plan.

**We suggest** that the literature offers a clear direction for constructing the preliminary language useful for distinguishing prevention strategies from treatment strategies in the school settings.

### Summary

The adoption of the public health prevention model by the mental health and education systems is an emerging process. Consequently, attempts to define prevention in an analysis of SBMH programs will be subject to the existing confusion and competing definitions and conceptualizations that characterize the current status of the field. That said, we suggest that the literature offers a clear direction for constructing the preliminary language useful for distinguishing prevention strategies from treatment strategies in the school settings.

At this point in time, the IOM conceptualization of prevention strategies, as modified by John Weisz and his colleagues (2005), appears to be the most feasible approach. The majority of the prevention literature uses similar terminology, most of the websites describing effective practices also use this terminology, and the essence of the distinction between the three levels of prevention is compatible with various models of SBMH programs described in this monograph. That is, each level of prevention is aimed at avoiding deeper penetration into the intervention continuum.

While there are differences in the language describing the prevention continuum in the PBS model as well as issues related to the distinction between prevention and treatment, the essence of the continuum is similar to the modified IOM model. Weisz and his colleagues define treatment as interventions that “generally target those who have high symptom levels or diagnosable disorders” (2005, p. 632). In the PBS model, diagnostic labels are not used and the emphasis is on level of symptoms or challenging behavior. This position is not totally incompatible with that of Weisz and colleagues. Consequently, in this monograph we will use the definition of treatment proposed by Weisz and colleagues (see Figure 2.4), as it is more inclusive of the conceptualizations of various SBMH program models.

## Figure 2.4

