

PREVENTION OF PROBLEMS IN CHILDHOOD

**Psychological Research
and Applications**

**Edited by Michael C. Roberts
and Lizette Peterson**

**A Volume in the Wiley Series on Personality Processes,
Irving B. Weiner, Series Editor**

Prevention of Problems In Childhood

PSYCHOLOGICAL RESEARCH
AND APPLICATIONS

Edited by

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To our families

Our spouses, Karen B. Roberts and Andrew L. Homer, with gratitude for their support and encouragement for our work in prevention, and to our daughters, Erica Roberts, Alicia Roberts, and Kestrel Homer, the latter two born during our work on this book, for providing external validation of our faith in childhood.

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Series Preface

This series of books is addressed to behavioral scientists interested in the nature of human personality. Its scope should prove pertinent to personality theorists and researchers as well as to clinicians concerned with applying an understanding of personality processes to the amelioration of emotional difficulties in living. To this end, the series provides a scholarly integration of theoretical formulations, empirical data, and practical recommendations.

Six major aspects of studying and learning about human personality can be designated: personality theory, personality structure and dynamics, personality development, personality assessment, personality change, and personality adjustment. In exploring these aspects of personality, the books in the series discuss a number of distinct but related subject areas: the nature and implications of various theories of personality; personality characteristics that account for consistencies and variations in human behavior; the emergence of personality processes in children and adolescents; the use of interviewing and testing procedures to evaluate individual differences in personality; efforts to modify personality styles through psychotherapy, counseling, behavior therapy, and other methods of influence; and patterns of abnormal personality functioning that impair individual competence.

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Preface

Why a book on prevention of problems in childhood? First, the subject is timely. The current emphasis on extending services to meet expanding needs with dwindling resources calls for a change in strategy from traditional remediative treatments to preventive interventions. Second, experts in many fields are calling for an expanded awareness of prevention. Within the area of health care, it becomes increasingly clear that improvements in health status will come not from improving treatment of disease, but rather from disease prevention through lifestyle changes such as decreased smoking, increased cardiovascular exercise, and improved diet. Similarly, there has been an increased emphasis in mental health on preventing a variety of types of dysfunction, ranging from mild social isolation in preschoolers to drug addiction in adolescents and adults. Finally, a book on prevention in childhood is important now as a positive, optimistic statement about the possibilities of intervening with children. Prevention focuses on competence rather than deficit, on health rather than illness, and on factors which reduce vulnerability instead of those which lead to risk. It implies the ultimate circumvention rather than the treatment of dysfunction.

Why the particular emphasis on childhood? As we note in chapter 1, the emphasis on childhood comes from recognition of several features. First, prevention as a topic area seems uniquely suited to children. Prevention of disorder is most effective if the prevention procedures are applied *before* the onset of the problem. This may necessitate intervention during childhood, since a wide variety of problems ranging from dental phobia to reading problems, from shyness to cigarette smoking, and from obesity to depression, begin prior to adulthood. Thus, prevention in children is the logical extension for much of the work in prevention of physical and mental disorders. Second, childhood must be recognized as a distinct stage of life, requiring special approaches for problems particular to the child at different levels of development. There are special needs and vulnerabilities to be considered in prevention programs with children. Third, the downward extensions of adult-oriented techniques have never sufficed in other areas of mental health intervention, and there is no reason to suspect this approach will work for childhood preventive interventions. Instead, forms of assessment and intervention designed specifically for children are needed. Fourth, prevention work with adults can assume a some-

what steady level of skills and environmental demands, whereas work with children requires a developmental perspective which recognizes the process of continuous change over time in the psychology of the children. Thus, this often requires consideration of special or critical times of change in a child's life. Finally, the developmental perspective also recognizes the "end product" of the childhood development process. Consequently, there is an opportunity to positively influence not only the child but the later adult as well.

How to organize a book on the quickly expanding field of work on prevention in childhood? We found as we discussed current work on prevention that we thought of individuals in the field rather than abstract areas of endeavor. No one organizational scheme seemed suitable for all of the recent research and theory on prevention in childhood. We were both involved in work focusing on specific target responses, such as accident prevention or prevention of anxiety and enhancement of coping in medical settings, and this work cut across settings and developmental levels. Other prevention professionals also took similar approaches. Judith Albino's work on health enhancing habits, such as appropriate dental hygiene, and Dennis Drotar's interventions with chronically ill children were organized similarly toward preventing specific target responses. This must be the way to conceptualize prevention in childhood, we thought.

But we were faced with the question of where to place the important work done by Frank Masterpasqua and Marshall Swift, dealing with community mental health center intervention. That is a setting-based technique, as is some of Leonard Jason's and Joseph Durlak's work on school-based prevention, or Rex Forehand's work on prevention in the home. These interventions cut across developmental levels and specific problem types within settings.

Finally, Phyllis Magrab and Anita Sostek's prevention work during the perinatal period and Annette Rickel's work on prevention with preschoolers is organized by developmental levels or milestones, again cutting across settings and problem types. Robert Felner's emphasis on intervening at specific critical times during childhood is organized in a similar milestone fashion. It could even be argued that some of Durlak's and Jason's work deals with elementary school-aged children rather than with the school setting itself.

We therefore concluded that it was important to allow the current research and theory in the area to dictate the organizational pattern as well as the contributing authors for the book. Consequently, the first group of chapters discusses prevention, utilizing primarily a milestone approach, with prevention focused on selected developmental levels or life stage occurrences in the chapters by Magrab, Sostek, and Powell; Rickel, Dyhdalo, and Smith; Durlak and Jason, and Felner. The second section describes prevention focused on specific target problems with chapters by Roberts, Elkins, and Royal; Albino; Drotar, Crawford, and Ganofsky; and Peterson and Brownlee-Duffeck. The third section describes setting-based prevention attempts through chapters by Jason, Durlak, and Holton-Walker; Forehand, Walley, and Furey; and Masterpasqua and Swift. Finally, Stephanie Stolz keeps these efforts anchored firmly in the pragmatic here and now by describing sources of any impediments to implementation of prevention programs for children.

In completing the book, we believe that the final product fulfills the promise we initially felt was inherent in this kind of approach. Multiple approaches to prevention in childhood are represented here, summarized by some of the leading researchers in the respective areas. They note the problems, pitfalls, strengths, and current status of prevention programs and prevention research. Together, they provide compelling evidence for the future of preventive interventions in childhood.

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CHAPTER 1

Prevention Models

Theoretical and Practical Implications

MICHAEL C. ROBERTS AND LIZETTE PETERSON

Interest in the prevention of disorders has been greatly renewed among mental health professionals and others in recent years. This increase is due in part to the recognition that preventing a problem is often easier and more cost-effective than attempting to remediate a problem after it occurs. The concept of prevention in relation to treatment has long been salient (witness Ben Franklin's aphorism, "an ounce of prevention is worth a pound of cure"). In essence, prevention primarily refers to actions taken to avoid the development of a disorder or problem, or secondarily, to identify potential problems early in their development and to take actions to minimize negative effects.

In this chapter, we will first orient the reader to the coverage of this book and the specific applications and approaches to targeting childhood problems detailed by each chapter. Then we will offer a brief introduction to the area of prevention in general by considering the historical background of prevention concepts and activities, and by describing some of the major contributors to the field. We will also describe some of the different orientations to preventive intervention (for example, setting-based, problem-oriented, milestone, population-wide, competency-based, and active versus passive prevention) and relate them to current research. Finally, we will consider some of the controversial areas within the prevention field, including a discussion of the current debate regarding definitional problems, targeting approaches, the knowledge base, evaluation, funding, political/public policy, and professional boundaries. This description of general background and issues will set the stage for detailed coverage by the authors of each chapter.

OVERVIEW TO THIS BOOK

Implications of the Book's Title

We have deliberately chosen the title of the book as *Prevention of Problems in Childhood: Psychological Research and Applications*. The key words or phrases in

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this title are elaborated throughout the book. A discussion of some of these terms will demonstrate the concepts to be emphasized.

Prevention Orientation

The concept of prevention we have just defined in general, but this concept will be detailed in its complexity in this and following chapters. For many years, remediative treatment of existing problems was the sole method used by professionals, and despite the expenditure of literally billions of dollars only a small proportion of children in need of mental health and physical health services received help (Report of Joint Commission on Mental Health, 1969). Researchers have noted that increasing treatment services is not an adequate answer to the growing problem, as the need for services is expanding more rapidly than the number of service providers. The concept of primary and secondary prevention thus becomes increasingly important for both research and application.

Problems

The choice of the term *problems* was made carefully to convey the broadest meaning. We are discussing not only mental health or psychiatric disorders as often considered, but also more broadly the problems of physical health (or of a medical nature) as well. Thus, while the psychological functioning of children and families receives much attention in this book, further attention is given to psychological applications which directly prevent accidents and illness in children and prevent problems through enhancing positive healthful lifestyles.

Psychological Aspects

The phrase *psychological research and applications* emphasizes both an empirical, research orientation and an applied programming approach to prevention. Research and applications are intertwined since the prevention area has typically employed an innovative and evaluative orientation when applying psychology-based programs to real-world problems. Although the concept of prevention in mental health has been discussed since the 1920s and in public health since before 1855, a renewed emphasis has developed among the helping professionals, particularly psychologists. A variety of specialists within psychology has intensified efforts to design, implement, and evaluate preventive programs for a number of target problems; it is now becoming more common to find programs and articles relating prevention to subdivisions within psychology, such as community, clinical, health, school, and industrial psychologies. Indeed, specialists from an even wider range of professional disciplines contribute behavioral/psychological ideas to prevention. All of these professional interests have profitably applied the prevention notion to various settings and populations. In particular, significant preventive programs have been established which are oriented to various childhood problems. Thus, the *psychological aspects* of this book refer to a behavioral, objective, research-based orientation, not necessarily limited to a single field of professional endeavor. As detailed in this book, the numerous professions contributing important substance include psychology, public health, education, social work, psychiatry, and medicine. We will focus here on

psychological research and applications. Prevention is truly a multi-disciplinary and subdisciplinary concept, with each area contributing uniquely important, as well as overlapping, theory, interventions, and techniques.

Emphasis on Childhood

Much of the past prevention literature takes an adult-oriented approach to the topic, reflecting the proclivities of the researchers and authors. A number of fragmented sources exist which incorporate some material on prevention targeted to child-family problems, but childhood is rarely the primary focus. The orientation here to the child years is important for several reasons. First, prevention of disorder is most effective if the prevention procedures are applied *before* any onset of the problem. This may necessitate intervention during childhood, since a wide variety of problems ranging from dental phobia to reading problems, from shyness to cigarette smoking, and from obesity to depression, begin prior to adulthood. Thus, prevention with children is the logical emphasis for much of the work in the area of prevention of physical and mental disorders. Second, childhood must be recognized as a distinct stage of life requiring special approaches for the problems particular to the child at different levels of development. There are special needs and vulnerabilities to be considered in prevention programs with children.

Third, the downward extensions of adult-oriented techniques have never sufficed in other areas of mental health interventions, and there is no reason to suspect this approach will work for preventive interventions for childhood problems. Specialized forms of assessment and intervention are needed. Fourth, prevention work with adults can assume a somewhat steady level of skills and environmental demands, whereas work with children requires a developmental perspective which recognizes the process of continuous change over time in the psychology of the children. This often requires consideration of special or critical times of change in a child's life. Finally, the developmental perspective also recognizes the *end product* of the childhood development process. Consequently, there is an opportunity to positively influence not only the child, but possibly the later adult as well. In sum, our emphasis on prevention in childhood derives from assumptions that a unique set of problems requires a unique set of preventive interventions.

Organization and Chapter Topics

The organization of this book and chapter topics also requires some discussion. The selection of topics and authors was based on a deliberate consideration of the field as it stands and as we think it should be. Our framework includes three parts to reflect different approaches to prevention in children: the milestone approach, the "at risk" or problem-focused approach, and the population-wide approach. Within each approach, chapters discuss different types of problems presenting in childhood which require preventive programming, including scholastic/academic difficulties, psychological/behavioral disorders, accidents and physical health problems. Since presenting problems are inherently related to the setting in which they occur, the chapters will simultaneously focus on the variety of settings for preventive efforts

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(for example, schools, mental health centers, hospitals, clinics). The chapter divisions will therefore follow this interaction of problem and setting. Furthermore, within each chapter, the age or developmental level of the child targeted for preventive intervention is considered. Finally, the chapters present materials from a number of different professional disciplines and interests concerned with prevention and childhood, including community psychologists and clinical child psychologists. This integration of related but distinct subdisciplines is important since much of the work in this area is so recent and workers in one subdiscipline are often unaware of programs in other subdisciplines.

The chapters provide a framework within which to conceptualize prevention efforts in childhood, review past research by attempting to draw together often disparate sets of literature, and outline innovative and effective prevention programs. The chapters also propose new applications and evaluations. The book explores the work which professionals are doing and can do in the future to prevent problems occurring during childhood; problems of both mental and physical health will be covered. The chapter authors question and to some extent answer the question of what a psychological approach has to offer in preventing mental health and physical problems at this most important point of the development process—during childhood.

Part 1: Milestone Approach.

Part 1 takes the milestone approach in examining prevention at developmental stages and periods. Chapters in this first part consider childhood's problems from a developmental perspective in that prevention is provided to children and families at particular developmental points considered to be important. Consequently, Phyllis Magrab, Anita Sostek, and Beverly Powell (Chapter 2) focus on prevention for the perinatal period (the time before birth including prior to conception, extending through birth, and the early infancy period). Magrab et al. discuss developmentally early preventive interventions for such problems as maternal health, nutrition, and teratogens of alcohol, nicotine, and drugs. They consider several strategies for prevention including health education, family planning, prenatal care, and anticipatory guidance. Thus, Chapter 2 represents programs and research at the critical stages of early development for preventing both immediate and longitudinal problems in children. In Chapter 3, Annette Rickel, Louise Lampi, and Richard L. Smith present psychological prevention programs for preschool-aged children as a milestone in development. These authors describe the variety of preschool programs to prevent school maladaptation as well as social, interpersonal, and behavioral difficulties. These programs include Head Start, problem-solving, relational programs, and the Preschool Mental Health Project. They examine the research base for these early intervention programs, noting the positive aspects as well as the limitations on short- and long-term evaluations. Joseph Durlak and Leonard Jason target the next developmental milestone, school-aged children and adolescents, in Chapter 4. Durlak and Jason describe recent work on preventing social and academic problems, presenting prevention interventions such as affective education programs, coping skills training, cognitive and social skills interventions, and school maladjustment.

Their discussion includes both primary and secondary prevention orientations, noting a generally exemplary record of research and evaluation. In Chapter 5, Robert Felner discusses the recent recognition of certain critical times in children's lives which can have negative and positive consequences for the mental health of the child. He examines, in particular, divorce, illness, and transitions such as geographical relocation and promotions.

Part 2: Problem-Focused Approach.

Part 2 of the book takes a more problem-focused orientation in terms of prevention for children who are at higher risk for difficulties or whose circumstances place them at this higher risk. In Chapter 6, Michael Roberts, Pauline Elkins, and George Royal outline research and applications in preventing childhood accidents and illness. This and Chapter 7 expand the traditional literature in psychological prevention to include physical health prevention and health promotion, considering the contributions of psychological research and applications. Roberts et al. examine childhood accidents in terms of developmental principles, motivational techniques, and methodological procedures. They outline three approaches to prevention for targeting the child's caregiver, the child, and society at large. Judith Albino in Chapter 7 provides an overview to physical disorder prevention through intervening on children's acquisition of health-enhancing habits. Albino further illustrates this health promotion approach by intensively reviewing two important areas of research and application: smoking and dental health. She relates these and other areas of health promotion (for instance, substance abuse, weight control) to children's cognitive and social development. In line with the orientation of Part 2 to reduce risk for problem-focused prevention, Dennis Drotar, Peggy Crawford, and Mary Ann Ganofsky focus on the special needs and circumstances of children who are chronically ill in Chapter 8. They emphasize a family-centered prevention approach to reduce the maladaptive consequences of chronic illness by enhancing the coping strategies of children and families. In Chapter 9, Lizette Peterson and Martha Brownlee-Duffeck review interventions designed to alleviate children's distress associated with medical and dental procedures. They examine both primary and secondary prevention interventions to better prepare children for stressful medical and dental experiences with regard to the research base and practical applications.

Part 3: Population-Wide Approach.

Part 3 of the book takes a population-wide approach to prevention with chapters describing specific settings for intervention with children. In Chapter 10, Leonard Jason, Joseph Durlak, and Eve Holton-Walker view the school as a particularly important setting for prevention. They focus first on prevention of scholastic and academic problems and then on ecological interventions where prevention efforts are attained by manipulating the environment to become more conducive to children's growth and development. Rex Forehand, Page Walley, and William Furey, in Chapter 11, review the available literature on the role of parents and family in preventing childhood problems. They examine preventive interventions for unrealistic parental expectations, inadequate child rearing skills, and parental emotional