



APA Public Interest Government Relations Office

Prevention That Works for Children and Youth

The American Psychological Association urges increased federal funding for critically needed prevention initiatives. Empirically supported prevention programs play a crucial role in the lives of children and youth by ensuring a safe school environment, increasing academic achievement, promoting well being and development, and improving home and community life.

The Science of Prevention

The science of prevention draws upon basic and applied research from many disciplines, including psychology, public health, education, psychiatry, social work, medicine, nursing, criminal justice, political science, and law.

Psychological research has identified the following characteristics as consistently associated with effective prevention programs (Nation et al., 2003):

- comprehensive array of interventions to address the salient precursors or mediators of the target problem;
- varied teaching methods, including interactive and hands-on instruction;
- sufficient exposure to the intervention;
- research-based/theory driven;
- providing opportunities for children to develop strong, positive relationships;
- appropriately timed for maximal impact;
- culturally tailored beyond language translation;
- well trained and supported staff; and
- outcome evaluation.

What Do We Need to Expand Prevention Programs?

- A significant proportion of children will fail to become productive, successful adults unless there are major changes in the ways they are taught and nurtured.
- Approximately 20 percent of young people experience mental health problems each year, yet two-thirds of them do not receive appropriate interventions.
- Today's schools are expected to do more than they have ever done in the past, often with diminishing resources. Yet many initiatives within schools are fragmented and attempt to address problems without an adequate understanding of the mission, priorities, and culture of schools.

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- Although effective parenting is the most powerful way to reduce adolescent problem behaviors, parents are spending less time parenting and more time working. Currently, parents spend 240 more hours working per year or 4.6 more hours per week than in 1989.
- Thirty percent of 14- to 17-year-olds engage in multiple high-risk behaviors that are linked to pregnancy, substance abuse, violence, delinquency, and may jeopardize their potential for life success.
- Community-level interventions that involve public education or organizing and training community leaders have not proven to be effective prevention strategies. Interventions that often show favorable outcomes tend to operate at multiple levels (e.g., school, family, and community).

Investing in Prevention is Cost Effective

- In 1998, the total yearly cost for mental illness in both the private and public sector in the United States was \$205 billion. Of that cost, \$92 billion came from direct treatment costs and \$105 billion from lost productivity.
- The average annual health care costs, including medical, pharmaceutical and disability costs, for employees with depression may be 4.2 times higher than those incurred by employees without depression. However, the cost of treatment is often offset by a reduction in the number of days of absenteeism and productivity lost while at work.

Examples of Successful Prevention Programs Implemented at the State Level

Substance Abuse

- Midwestern Prevention Project was a six-year longitudinal program targeted at reducing substance use. It consisted of a mass media component, school-based social skills training for youth, and a parent program in communication skills. These efforts were combined with school policy change and community organization that focused on changes in local ordinances. Adolescent use of cigarettes, alcohol and marijuana were significantly lower at one-year follow up in the intervention group; lower rates were still found at three-year follow up for cigarette and marijuana use.
- A comprehensive, community-level intervention to reduce tobacco use was added to a school-based program in eight communities in Oregon. The intervention included media advocacy, family communication, and youth anti-tobacco activities. Smoking prevalence in the communities with the comprehensive program was significantly lower than that of the comparison communities one year post-intervention.

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Successful Prevention Efforts Implemented at the Federal Level

Substance Abuse and Mental Health

- **Smoking Cessation.** An effective model for community-based programs is the American Stop Smoking Intervention Study (ASSIST). The primary goal of this federally funded community-based program is to reduce smoking prevalence and cigarette consumption among adults and youth in the 17 target states. The ASSIST program works with community groups, youth groups, and adult organizations and is thus able to reach diverse populations and raise public awareness. Within three years of full funding of the project, per capita tobacco consumption in ASSIST states was seven percent lower than in non-ASSIST states.
- **Suicide Prevention.** The Suicide Prevention Resource Center is an innovative national resource center that provides technical assistance, training, and information to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. This promising Center has three main goals: 1) to help states and communities increase their capacity to develop, implement, and evaluate suicide prevention programs; 2) to enhance suicide prevention partnerships; and 3) to identify and disseminate information and materials, including evidence-based practices and policy information.

Education and Child Welfare

- **Head Start Program.** Since 1965, the Head Start program has provided an array of comprehensive services to low-income preschoolers to enhance their school readiness and performance. Last year alone, approximately one million children (60 percent of all eligible 3- and 4-year olds) received educational, medical, dental, nutritional, social, psychological, and family support services through this vital program. Research shows that high quality, comprehensive services benefit children's educational, social, and behavioral outcomes. Research also shows that, in the long run, these services raise childhood immunization rates, increase school achievement and readiness, and reduce grade retention and delinquency, thereby saving future costs in health care, corrections, and special education.
- **Special Supplemental Program for Women, Infants, and Children (WIC).** Data suggest that WIC mothers have higher birthweight babies, fewer perinatal complications and lower infant mortality than other low-income mothers. Cost-benefit analyses demonstrate significant federal savings associated with the prevention of birth problems. Improved nutritional intake and beneficial effects on children's cognitive development have also been associated with WIC participation.
- **Earned Income Tax Credit (EITC).** EITC has proven to be a very effective strategy to raise children out of poverty. By increasing income among the working poor through tax credits and providing an incentive to work, EITC has reduced a significant risk factor for a broad range of adverse outcomes. This important initiative was credited with raising 2.6 million children above the poverty line in 1999. An analysis of the effects of EITC by the National Center for Children in Poverty suggested that poverty among young children in 1997 would have been 24 percent higher without EITC. Among working poor families, EITC was more successful than other

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programs in reducing the number of poor children and the severity of poverty among those who remained poor.

Recommendations

The American Psychological Association strongly recommends that prevention programs shift away from isolated piecemeal programs toward a whole-child and family approach. Federal funding can promote linkages between programs with this approach at the state and local levels. Other recommendations for prevention programs at the federal level include:

- Federal policy that promotes universally accessible prevention programs. This is the best way to avoid eligibility standards that fail to provide equitable access to families in need of services. Strategies such as sliding-scale fee structures (with fees calibrated to income) or graduated service provision (providing more intensive services to children and families most in need and without other resources) could be applied.
- Federal policy should continue to support the development and evaluation of prevention strategies and programs and the dissemination of empirically-supported interventions.
- The success and popularity of the EITC suggests that the tax code is a potent federal prevention strategy. It is not subject to uneven state implementation, provides a model for states to adopt, and may be the most logical approach to promoting equity. The Child Care Tax Credit is a similar example of this strategy.
- Federal policy has the ability to shape programs and approaches to prevention nationwide and can direct considerable funds toward primary prevention initiatives.
- Federal policy needs to promote coordination among agencies that serve children and youth, including the U.S. Department of Health and Human Services, the Department of Justice, and the Department of Education. An example of such effective interagency collaboration is the Safe Schools/Healthy Students Initiative.



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