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This article presents a conceptual framework for linking prevention strategies with mental health treatment for children and their families. The child, family, community and culture comprise the “core” of the model, around which various prevention and treatment strategies and settings are organized. The concept of cultural competency acts as a mediating influence between the child and family and the proposed intervention strategies and settings. Ranging from the level of whole populations that do not necessarily need mental health services to individuals with severe emotional disorders, treatment interventions include:

- *Health promotion/positive development*: addresses entire populations and is intended to promote general positive health and reduce the risk of later problems through various avenues, such as positive youth development programs and academic enhancement programs.
- *Universal prevention*: addresses risk factors among groups (such as schools or a group of classrooms) without attempting to identify which particular children are at risk.
- *Selective prevention*: addresses groups at risk of mental health problems, such as children exposed to traumatic events; does not involve an attempt to identify which children, specifically, are at risk for mental health problems.
- *Indicated prevention*: targets those who have mental health problems but do not necessarily meet criteria for a diagnosis; may intersect with time-limited therapy.
- *Time-limited therapy*: provides treatment for a single episode of care (i.e., for a limited number of sessions) for those diagnosed with a mental health problem; treatments are often manualized.
- *Enhanced therapy*: provides treatment for an extended period of care (i.e., beyond a single episode) for those diagnosed with a mental health problem/disorder; includes booster sessions.
- *Continuing care*: provides an array of services over extended periods “to support effective living in individuals diagnosed with persistent, long-term conditions” (p. 632).

The first four interventions seek to prevent mental health problems, while the last three interventions provide services to those who are identified as having mental health problems; thus, “treatment strategies that address serious emotional problems and disorders are complemented by preventive strategies that address risk before it has evolved into debilitating forms” (p. 633).

Strengths of the model include interventions that address mental health problems at different levels of prevention and treatment. Further, the model accounts for a wide variety of people in diverse settings (e.g., home, schools, neighborhood agencies, primary care clinics, outpatient mental health, day treatment programs, residential facilities, and inpatient units), potentially reaching children and families from all walks of life.

Next, the authors report on a number of programs considered to be evidence-based, while also discussing gaps in prevention and treatment that may hinder the full utilization of the model. With regard to gaps in research and practice, the authors note that there are few evidence-based programs in some settings (e.g., primary care clinics, residential facilities), and for a range of disorders (e.g., suicide, eating disorders) and comorbid disorders. There is also a need to identify “necessary and sufficient” (p. 639) intervention elements and to understand why some programs work in certain settings and others do not. More research also needs to be conducted to identify how change occurs, and to strengthen the connection between empirical science

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and “real world” settings. Additionally, more research on what counts as an evidence-based practice should be conducted.

In conclusion, the authors provide a model of prevention and treatment intervention that fits well with systems of care values. In particular, the model is child and family centered, accounts for interventions at the community level, encourages cultural competency, and emphasizes evidence-based practices and their dissemination into real world practice. They write: “Efforts to build interventions that work well in everyday practice will clearly require active, ongoing collaboration among researchers, practitioners, and consumers—a process likely to benefit all three groups” (p. 644).