AN INTEGRATED THEORY FOR PREVENTION INTERVENTIONS

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An Integrated Theory of Prevention (ITP)

• Our view of prevention is guided by two simple, but consequential hypotheses:
  – Prevention is evidence-based socialization.
  – The primary focus of preventive interventions is individual decision making with respect to socially appropriate behaviors.

• These hypotheses are derived from the many theories that underlie prevention, such as the Health Belief Model, Theory of Reasoned Action, Ecological Systems Theory, Risk and Protective Factors model etc.
Outline

• In the following presentation…
  – We will elaborate on these two hypotheses
  – Assess their conceptual consistency by applying them to exemplar interventions
  – Conclude with a discussion about implications of the frame work for prevention science in general and environmental intervention specifically.
Prevention is evidence-based socialization.
Socialization

• Human infants are born without any culture.
• Socialization is a process of transferring culturally acceptable attitudes, norms, beliefs and behaviors and to respond to such cues in the appropriate manner.
• Since socialization is a lifelong process, the individual will be socialized by a large array of different socializing agents (e.g., parents, teachers, peers groups, religious, economic and political organization and virtual agents, such as mass media).
Socialization (Kellam et al., 1975)
Socialization in Modern Societies

• In complex and multicultural societies, the likelihood that the socialization process is not always optimal has increased:
  – Complex “cultures” – mechanical vs. organic solidarity
  – Neighborhood disorganization
  – Conflicts between socialization agents, e.g., home vs. school
  – Geographic mobility and immigration
  – Global village syndrome
A Socialization Perspective of Prevention

• In this situation prevention specialists…
  – May either **train** socialization agents, such as parents and teachers
  – Or **directly engage** in the socialization process, thus becoming socialization agents themselves.
Examples

• In Olds’ Nurse-Family Partnership (NFP) program, nurses educate women in health related issues and how to become a nurturing and caring parent.

• In Kellam’s Good Behavior Game (GBG), teacher’s are trained in classroom management strategies, thus enabling to better deal with disruptive children and to better improve their academic performance.

• Sloboda’s Taking Charge of Your Life (TCL) or the EUDAP “Unplugged” intervention engaged directly with students with respect to substance use related information, such as peer use and health consequences.
The primary focus of preventive interventions is individual decision making with respect to socially appropriate behaviors.
Prevention and Decision Making

- The view of prevention intervention as socialization is closely linked to understanding and influencing how individuals make decisions.
- **The socialization process trains individuals to make culturally and context appropriate behavioral choices!**
- For the purpose of this presentation, decision making is NOT solely focused on (bounded) rationality, but also includes emotional, instinctual and habitually informed decision making.
Decision Making (Dodge & Crick, 1990; Crick & Dodge, 1994; Lemerise & Arsenio, 2000)

The major components include the interpretation of verbal and behavioral cues and the individuals behavioral repertoire.

The behavioral decision is consequently influenced by an evaluation of the perceived cues and a selection of behavior which is deemed efficacious to achieve the desired outcome.

The circled aspects are potential intervention targets.
Decision making (cont.)

- The efficiency and quality of the decision making process varies...
  - Developmentally due to changes in experiential knowledge, attentional abilities and cognitive organizational skills
  - Contextually due to differences in socialization styles (e.g. authoritarian vs. *laissez faire*), bio-psycho-social stressors and networks of role models
  - Complex interactions between the two aspects!
Decision Making and Prevention

- Both socialization and prevention programming help individuals
  - to use evidence based practices to collect and interpret cues within their social and emotional context (Note: Constructivist approaches to intervention address interpretation before collecting)
  - To learn and “try on” new behaviors
  - To weigh the potential outcomes for the performance of these behaviors within their social and emotional context.
Examples

- **Olds’ NFP program** argues that low-income at-risk pregnant women engage in unhealthy behavior due to observing and mimicking inefficient parenting behavior in concert with a limited reservoir of successful experiences and a lack of information about health-related behaviors.

- **Kellam’s GBG program** argues that children who enter first grade with elevated levels of disruptive behavior are at great risk for continuing that behavior when taught by teachers with limited classroom management skills.

- **Sloboda’s TCL or EUDAP “Unplugged” program** argues that youth engage in substance use behavior due to unrealistic views about the frequency of substance use among their peers, limited information about potential health consequences as well as limited refusal skills for dealing with risky situations.
Information Evaluation
(Cost/Benefit Analysis)

Response Decision
(Intentions)

Behavior (prosocial, Antisocial)

Information Processing
(Collection, Interpretation)

Vulnerability
Age specific Competencies

Norm, Beliefs

Parents

Culture

Race/Ethnicity

Laws/Regulations

Family of Procreation

Physical and virtual Community

Social Skills

War

Famine

Peers

Intimate Relations

Attitudes

Behavioral Expectancies

Schools

Work

Social Class

Gender

Parents

Schools

Work

Social Class

Gender

Parents

Schools

Work

Social Class

Gender
Environmental Interventions (EI) for Substance Use

- EI view community as a set of persons engaged in shared social, cultural, political and economic processes (Gruenewald et al., 2003)

- EIs fall into three broad categories of strategies using substance use prevention as an example (Burkhart, 2011):
  - **Macro Level**: Laws & regulations at the supranational or government level
    - E.g.: Taxation, age restriction on sales, labeling, advertising bans
Environmental Interventions (EI) for Substance Use (cont.)

- **Meso Level**: Restricting availability & reducing harm in the use setting
  - E.g.: Drug “policies” in schools, targeted policing, fine and venue design guidelines, neighborhood watch

- **Micro Level**: Targeting family environments
  - E.g.: changing family norms and education styles
Prediction of the Success of EI

• In order for EIIs to be effective, they need to...
  – **Involve** all relevant socialization agents and teach evidence-based skills where it is required
  – **Influence** decision making by targeting relevant mediators
  – **Teach** social and economic implications for law breaking
  – **Teach** social skills to deal with risk prone individuals and situations
Implications

- Environmental interventions are commonly viewed as external to the individual, but individual decision making always occurs and is influenced by social entities, such as the family, peer, school and community context and is further influenced by larger societal aspects of laws and regulations.
- Importantly, individually focused interventions which are brought to scale will ultimately lead to environmental changes.
Implications for Evaluation

- Evaluation
  - The intervention impact should not only be evaluated with respect to an outcome, but also with respect to decision making as it varies across individuals, developmental stages and contexts.
Implications for Measurement

- Measurement
  - There is a need for more precision in the assessment of the role socialization and decision making plays for the targeted outcomes.
  - Furthermore, since the quality of decision making varies across age groups, the measurement needs to be developmentally appropriate.