

CHAPTER 1

Prevention in Everyday Life

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The Basic Logic of Prevention

As a teenager I used to watch a weekly television show called “The Naked City.” Every show concluded with the same voiceover: “There are 8 million stories in the Naked City. This has been one of them” (Tatara, 2008).

I thought of that tagline when considering prevention because it seems that there are at least 8 million physical health, mental health, and education problems—in the naked city, or otherwise—that press upon all of us. Of course, we cannot correct all of them, certainly not by restricting our efforts to individual remediation, and besides, there are far too few trained helpers available. That’s where prevention comes in. Presented next is information related to just one broad set of problems facing society today—violence.

According to the U.S. Office of Juvenile Justice and Delinquency Prevention (American Psychological Association Commission on Violence and Youth, 1996), a 40% increase in murders, robberies, rapes, and assaults was reported to law

enforcement agencies between 1985 and 1994, with youth accounting for 26% of that increase in violence. The related prevention question is: How can these negative outcomes be averted? Holding off new problems from developing is the central thesis of prevention. Correcting the effects of already existing problems—although important and necessary to do—is the opposite of prevention, and reliance on it is inevitably a losing game. It cannot be mentioned too often that there are many more problems existing and developing every day than there are helpers to address them, especially if a 1:1 remedial model is relied upon (Albee, 1985; Conyne, 2004; Romano & Hage, 2000). Just as the little Dutch boy cannot forever hold off the building waters that eventually will burst through the dam, failing to use prevention ultimately is too little, too late.



Figure 1.1 Hey! Why didn't we plug this hole?

Source: © John Conyne.

Of course, we could just as easily substitute other negative conditions and outcomes for violence and the exact same logic would apply—obesity, school dropouts, depression, suicide, cancer, and legions more. Can these negative outcomes be prevented, or the number of new cases reduced?

Returning to the violence example, the following preventive mind-set is essential:

Rather than waiting until violence has been learned and practiced and then devoting increased resources to hiring policemen, building more prisons, and sentencing three-time offenders to life imprisonment, it would be more effective to redirect the resources to early violence prevention programs, particularly for young children and preadolescents. (<http://www.apa.org/ppo/issues/pbviolence.html>)

There is much essential logic contained in the quotation presented above. It happens to be focused on the issue of violence, which is a vital concern in our communities and around the world. Boiled down to its basic elements, the logic is:

Before-the-fact programs and everyday best practices can prevent negative conditions and outcomes from occurring or, at the least, lessen their duration and severity while they build and broaden competencies.

Everyday Prevention: We Always Knew That Mom Was (Almost Always) Right

Attending to before-the-fact programs characterizes prevention. There is absolutely nothing mysterious or magical about the logic undergirding this approach. In fact, it is the warp and woof of many maternal injunctions and common life proverbs.

Craik (1991) observed that “lives are lived day by day, one day at a time, from day to day, day after day, day in and day out. Lives as we experience them are inherently quotidian” (p. 1). James Joyce (1961), in *Ulysses*, creatively exhausted this concept as he wrote in expansive detail about an ordinary day (June 16, 1904) in the life of the main character, Leopold Bloom, as he moves through Dublin. Everyday prevention is a phrase that captures ordinary, day-by-day occurrences that can serve to nurture and support people. As such, it recognizes the positive aspects of Craik’s quotidian.

In some ways, everyday prevention represents the obverse of the multicultural concept of racial “microaggressions” (D. W. Sue et al., 2008) in everyday life. These are defined as “brief and commonplace verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (D. W. Sue et al., 2007, p. 273).

Conversely, in everyday prevention, we look for what might be termed “microbuffers”—the smaller, everyday attitudes, behaviors, activities, and environmental cues that, when observed or practiced on a daily basis, can contribute to and support positive mental health while arresting adverse effects. (Note: I owe this conceptual tie of everyday prevention to microaggressions to an observation made by Maureen Kenny of the Prevention Section of the Society of Counseling Psychology.) Taking a lead from D. W. Sue (2003), it would be useful to investigate the role that coping skills and microbuffers might play in counteracting microaggressions.

For instance, you may have been instructed while growing up to attend to these everyday aphorisms:

“An ounce of prevention is worth a pound of cure” (value of prevention)

“Look before you leap” and “Stop, look, and listen” (be observant)

“Only *you* can prevent forest fires” (take personal responsibility)

“An apple a day keeps the doctor away” (practice good nutrition)

“Be prepared” (be ready for life events)

“Save for a rainy day” (defer gratification)

“Do unto others as you would have them do unto you” (be respectful)

No doubt you can think of other maxims that serve a similar purpose of providing some useful everyday life guidance and, if followed, might reduce problems and allow for a happier life (“Don’t go near the water until you learn how to swim” comes to mind). They represent examples of what I have called “everyday prevention” (Conyne, 2004), or how we can build into our daily lives good practices that are associated with healthy living.

Everyday prevention refers to “people enacting daily life best practices in context to optimize functioning and avert significant problems” (Conyne, 2004, p. 34).

Examples of significant problems to be avoided—indeed, the top 10 major public health issues in the United States—include (U.S. Department of Health and Human Services [U.S. DHHS], 2000): physical inactivity, overweight and obesity, tobacco use, substance use, irresponsible sexual activity, mental unhealthiness, injury and violence, environmental pollution, lack of immunization, and insufficient and lack of ready access to health care. The practice of everyday prevention by increasing numbers of citizens can contribute to reducing the frequency and intensity of these and other health issues.

The Ruby and Oren Principle

Following is an everyday prevention story that I have told in previous sources (e.g., Conyne, 2004), as I suppose one can with a principle. Thirty years ago my wife, Lynn Rapin, and I lived next door to a wonderful couple in their late 80s, named Ruby and Oren. We became aware that every Saturday afternoon they met with friends to play cards. Sometimes this meant traveling several miles over wintry roads to a hosting couple’s home. Not being a card player, I had always wondered what could possibly be so engaging about this activity—especially when Oren told me one day that he and Ruby had to miss “just our third gathering in 35 years” due to icy road conditions! This tipped me over the edge; I couldn’t hold back my amazement any longer. So I asked Oren what kept this card-playing gathering going over all those years? He thought for a moment, and then said that it wasn’t really about card playing; rather, it was that gathering together to play cards every week gave them the excuse to get together with friends, to laugh and carp about things, to catch up on events in each other’s lives, and to feel good in each other’s company. I think this is such a powerful story about the value of social support and active engagement—or what Eric Erickson (1986) termed “vital involvement”—that it can be viewed as an everyday prevention best practice. I later dubbed it the “Ruby and Oren Principle” (Conyne, 2004, pp. 34–35).

The Case of Dental Flossing

Regular dental care provides a concrete illustration of everyday prevention practice. Key aspects include dental flossing (discussed below) and the initiative to

make a dental checkup a prerequisite for school enrollment. Tooth decay and gum disease are major problems. In Kentucky, for example, 40% of adults over age 65 have had all their teeth extracted, and in Ohio the percentage is 25. Across the nation pediatric dental associations report a significant increase in childhood dental cavities, even in baby teeth. Consequences of dental problems are not restricted to the teeth, according to the American Academy of Pediatric Dentistry. In addition, cavities and gum disease can negatively affect children's school performance, self-esteem, and social relationships. For adults, poor dental health adds to improper nutrition, inflammation, and elevated risk for cardiovascular and other diseases ("Editorial: An Early Date," 2008).

Dental flossing is a practical, everyday activity that can help avert oral hygiene woes. But it also can do more than that. Bacteria that cause gum disease and loss of teeth may also contribute to heart disease, stroke, and other diseases (American Academy of Periodontology, 2005). Therefore, there are lots of reasons to floss.

If you don't floss (that is, don't exercise this kind of good preventive care), you might turn out like poor Charlie below.

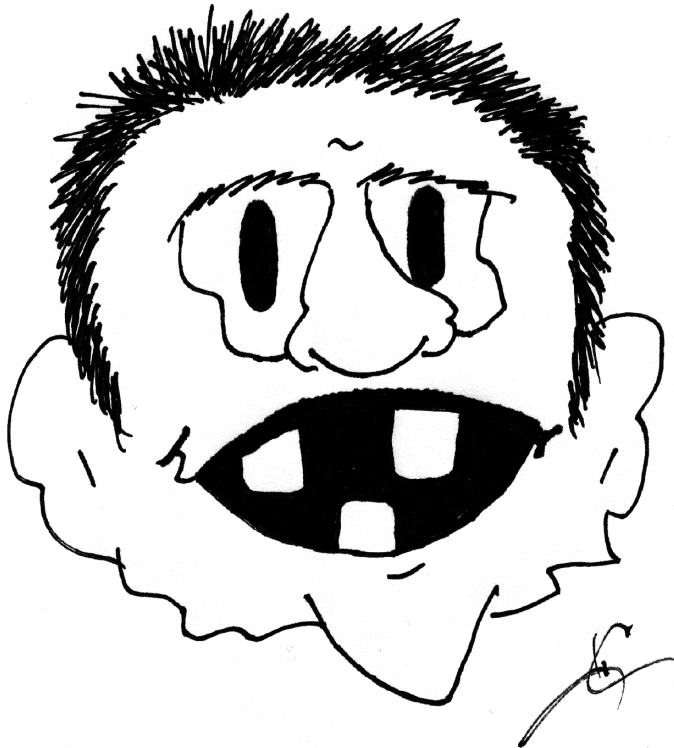


Figure 1.2 Charlie didn't take time to floss.

Source: © John Conyne.

I use flossing to concretely demonstrate how a simple but important everyday prevention act can occur.

On the first day of my prevention course, I typically ask students to close their eyes and to raise their hand if they floss their teeth regularly (I don't want to invade personal privacy and embarrass anyone). I count the hands and report the results. Then I proceed to discuss dental flossing and its preventive values while I—intentionally violating any form of good etiquette, taste, and decorum—proceed to floss my teeth (briefly) in front of them. Yes, I know this is gross. But they do not forget the lesson, either, and this demonstration helps to create a basic understanding of how prevention can occur. The issue becomes, “What is the equivalent of dental floss in mental health?” or its corollary, “Is there a ‘mental floss,’ and how can it be created and delivered?” Some mental health equivalents include careful listening, conveying empathy, playing games with friends (remember Ruby and Oren), meditating daily, communing with nature, exercising, volunteering, and participating actively in organizations and community life. Again, active engagement, or vital involvement, runs through these activities. What others can you think of? That is the question I ask students.

I close this class segment by reporting two dental stories. The first is from my dentist. While working on my teeth, he told me that none of his five children had chosen to follow in his footsteps to eventually take over the family business because they believed that the emphasis on prevention in dental practice might ultimately eliminate the need for dentists because people would learn how to avoid dental problems. Sometimes students and practitioners have raised this very issue with me, too, wondering if there would be anything left for counselors to do if prevention were really to become successful. Do not fear, I say with confidence, there will always be enough psychological and emotional problems to go around! The second story is from a friend of mine who has been practicing dentistry for 35 years. When trying to influence his patients to floss daily, he says he often uses a light touch, in this case, a dental joke. He advises them, “Well, flossing isn't such a big thing—just floss the teeth you want to keep” (Caddoo, 2000).

A core process involved in everyday prevention is positive engagement, as I have mentioned. Those people who are actively involved in constructive activities on a regular basis seem to enjoy a built-in immunity to life's slings and arrows. Not that they will be able to totally avoid major life problems, but they will be better able to resist onslaughts, to find value and meaning in their lives, and to continue moving ahead.

Prevention Is in the News and All Around Us

The popular media is full of prevention-related stories, some mostly accurate, others mostly the reverse. You have to be careful. But to find them, all you have to do is to look intentionally. On the second day of class I ask students in my prevention course to do just that, and to bring to class prevention-oriented stories they discover. Please note that I intentionally instruct the students not to work too hard

to discover these items. That instruction is quite contrary to typical expectations for the prevention course and is usually welcomed. Attending to popular media coverage is in addition to reading the assigned professional literature for the course, which is substantial (students marvel, not always glowingly!).

I tell them that the topics they find in everyday sources could include such disparate everyday prevention activities as the already-familiar tooth flossing, car maintenance, psychological benefits of playing Wii, getting sufficient sleep, national defense, and the value of friendship. Moreover, they might come across stories associated with mental health and education prevention programs, such as in the areas of bullying, obesity, dropouts, addictions, positive psychology, and stress.

For the most part, the items come from the local newspaper, radio, television channels, or the Internet. In fact, success in finding prevention news items from local sources illustrates the very point I am trying to make in this exercise: *If we focus our attention, we will find that prevention is all around us, not some esoteric, highly specialized approach.*

Recently I engaged in this activity by attending to the local media for “prevention news.” Nearly every day I came across viable items, such as preventive tips for managing stress, provided on the John Tesh (2008) radio show, “Intelligence for Your Life” (see also www.tesh.com). You might try attending to popular media for prevention-oriented messages yourself for a period of time and note what you find.

For instance, talk about timing, just as I was writing the preceding sentence, I received an e-mail from the National Youth Anti-Drug Media Campaign (2008) about how the family medicine cabinet can serve as an unintended source for teenage illicit drug use. How? Prescribed and over-the-counter drugs for parents kept in medicine cabinets (or sometimes on bathroom or kitchen counters) are all-too-readily accessible for abuse by others. An everyday prevention act in this domain is to safeguard these medications, set clear rules for teens, be a good role model in how you use and take care of medicines, and properly dispose of old medicines. Incidentally, when I was out of town recently, my wife decided to clean out our bathroom cabinets. Alarmingly, she found and disposed of several expired prescribed medications.

Following are some other examples of stories that I came across first in the popular press, often from the local newspaper. If the story was local in scope, I went no further. If, however, it was reporting on a research study or intervention that was reported first in a scholarly source, I then went to the scholarly publication. Keeping in mind the caveat to be wary of the accuracy of research reported in the popular media, let’s take a look at some examples.

In junior and senior high school I lived with my family in remote, small towns in frigid, forlorn, yet beautiful upstate New York, 3 miles from the Quebec, Canada, border. Our seventh-grade English teacher at Mooers Central School, Mrs. Ferns, decided that her 15 students—rubes that most of us were, with most not knowing of the existence of salad forks—sorely needed etiquette training. Over several class periods (seeming like a few years) she covered such everyday issues as how to greet another person, with which hand to hold a fork, and what clothes might be appropriate for which function. She taught us from George Washington’s

(1971) *Rules of Civility and Decent Behaviour in Company and Conversation*, from the then-popular book by the singer Pat Boone (1958), *Twixt Twelve and Twenty*, and from scenarios she seemed to have constructed on the spot. For instance, George Washington's *Rules* included 110 injunctions, such as Number 104: "It belongs to the Chiefest in Company to unfold his Napkin and fall to Meat first, But he ought then to Begin in time & to Dispatch with Dexterity that the Slowest may have time allowed him." A little ponderous and old fashioned, but I suppose worthy in intent, going through all 110 of these directives seemed a bit much to 13-year-olds from the boonies.

Looking back at it, though, it is clear to me that this was a kind of psycho-educational approach to prevention; that is, the prevention of embarrassment and social faux pas. Careers can be influenced by using proper etiquette. Mrs. Ferns apparently was ahead of her time. My daughter, Suzanne, who is now in her third year of study in a doctor of pharmacy program, tells me that students in her program participate in required etiquette training as part of their career preparation.

All this leads me to an item in today's newspaper (Mracek, 2008) containing a helpful preventive hint for proper table manners during business meals. Have you ever (as I have) sat down at a luncheon only to be uncertain about which bread plate and which drink glass is yours and which ones belong to those seated to your right and to your left? Here comes your preventive tip. Ms. Mracek advises us to (under the table so no one can notice) hold out both hands. (This works best, I discovered through practice, if you then tilt each hand 90 degrees.) Connect each index finger with its respective thumb to form a circle while holding the other three fingers of each hand out straight. If you have performed this exercise correctly, you should see that a small letter "b" is formed with the left hand and a "d" with the right. Respectively, these letters stand for bread and drink. So now when you look at your dinner plate at formal functions, you will never be confused that your bread dish will be at the left and your drinking glass at the right of your plate—as long as you remember this bit of basic, everyday prevention advice. Although it's not necessarily psychological or emotional in scope, applying this tip can help to smooth social involvement and avoid errors, which sometimes can be costly. Now let's move to other kinds of examples of prevention being all around us in the news.

Health-information Web sites have become plentiful and, for many people, a frequent way to obtain information. A listing of the most popular ones was published by HealthDay news service (<http://www.healthday.com>). As of January 2008, there were 2,070 of these sites, compared with 1,047 in 2005. This increase reflects the mounting attention being given to health promotion and the thirst for information about it. As of February 9, 2008, the most popular sites, based on market share, were www.WebMD.com, www.MayoClinic.com, Yahoo! Health, MSN Health & Fitness, www.RightHealth.com, www.MedicineNet.com, www.ensuringsolutions.org, www.Drugs.com, Everyday Health, Revolution Health, and KidsHealth. This listing is not presented as an endorsement but, rather, to illustrate the sort of prevention-oriented information that is readily available today.

Here is an example from one of these sources, www.ensuringsolutions.org, a Web site from the George Washington University Medical Center. It is focused on alcohol problems and prevention and on possible related consequences of alcohol problems, such as diabetes and psychological dysfunction. Bruzzese (2008) describes a workplace approach for employers to consider using when suspecting an employee of excessive drinking. Addressing this problem early is important because alcohol problems account for millions of dollars in employer costs every year through lowered productivity, exploding health care costs, and a range of other serious negative health issues for the employee and her or his family. Abbreviated as AIM, the approach includes these steps: (a) Aim your message at the person directly, (b) Inform him or her of your observations, and (c) Motivate the person to seek help. The following interaction illustrates the AIM approach: “You know, you seem to be drinking more—how much are you drinking?” After a reply, this question might be followed by informing the employee that the amount and frequency he or she is drinking appears at work to be excessive. Finally, try to motivate the employee to seek help by expressing your concern and asking if she or he has thought about changing. Having ready referral sources available also is important.

Incidentally, similar early action is taking root now in an attempt to avert campus suicides and homicides (Peale, 2008). This proactive approach has developed since the Virginia Tech University rampage of April 16, 2007, modifying strict adherence to the 1974 Family Educational Rights and Privacy Act. Threat assessment groups (or their equivalent) have been formed on campuses to review records of students about whom a report of threatening behavior has been received. The information is shared among appropriate campus offices, and in some cases, these students are contacted and referred to the counseling center or, more rarely, to a local hospital for evaluation. In some cases, time-limited counseling sessions are mandated. Colleges and universities also have refined their capacity to immediately notify their constituencies of any emergency situation by using e-mails, text messages, and loudspeakers. And across campuses, students, professors, staff, and administrators have become more sensitized to the possibility of violent behavior occurring and to how to take appropriate action.

Now let us return to health information and practices. Aspirin is said to be an over-the-counter wonder drug, and it can have many medicinal benefits if used appropriately. You may recall the old joke where the doc can sound authoritative even while not having a clue about what’s ailing the patient: “Take two aspirins and call me in the morning.” Yet the appropriate use of aspirin has a solid track record, without serious side effects for most people, for treating or supplementing treatment of a wide range of common physical problems. In terms of prevention, you may have noticed, or in fact benefited from, the use of so-called “baby aspirin” (81 mg) in its role of lowering the risk of certain cardiac events. Found in a *Newsweek* magazine advertisement section on “Heart Health” is the following:

Aspirin has also been shown to prevent heart disease in men over 45 and women over 65 who don’t have heart disease (what’s called primary prevention), as well as preventing stroke in women under 65. In a meta-analysis of six primary

prevention trials, researchers at the University of Alabama at Birmingham concluded that regular aspirin use decreases the risk of heart disease and non-fatal heart attacks. (“Heart Health,” 2008, p. 8, Advertising Section)

Although it always is important to be skeptical of advertising material, in fact the evidence for safe and effective aspirin benefits in a heart-healthy lifestyle is generally accepted medically. Even my own family practice doctor at the University Medical Center, generally highly resistant to prescribing medication, asks me to take a daily 81-mg dose of aspirin as part of a heart-healthy approach. Back to the above quotation, it is interesting, too, for including the concept of primary prevention. Once-a-day, low-dosage aspirin is a convenient and cost-effective prevention strategy practiced by millions of Americans who are presently free from heart disease, as well as those with multiple risk factors like high blood pressure, family history of heart disease, or high cholesterol. (Note, however, that a recent study by Belch et al., 2008, reported that aspirin use did not prevent a first heart attack among participants who had diabetes or peripheral arterial disease). But not all who could potentially benefit are engaging in this preventive approach, such as African Americans and those with diabetes. As Goldberg (2008) points out, aspirin (or any other prevention strategy) will not work if it is not taken regularly.

Pregnancy and caffeine have also been receiving attention. Denise Grady of the *New York Times* summarized a recent study (Weng, Odouli, & Li, 2008) contained in the *American Journal of Obstetrics and Gynecology*. Researchers found that pregnant women drinking 200 mg of caffeine a day (the equivalent of a 10-ounce cup of coffee) may double their risks of miscarriage (Grady, 2008). Results of this study led the March of Dimes to plan on advising pregnant women, or those trying to conceive, to limit their daily caffeine intake to less than 200 mg.

How to dispense flu shots efficiently is a subject of much consideration. A simple but elegant prevention program was described by Daniel Yee of the Associated Press (2007). In this program, air travelers passing through some U.S. airport security checkpoints can receive a flu shot. Lee reported that this practice had been offered for a few years before passengers cleared security, but many were reluctant to take the shot for concern of being delayed during the security check, adding to the chance of missing their flight. Moving the service “airside,” past security, helped to mitigate the anxiety about missing a flight while maintaining convenience. According to the newspaper account, 9,500 travelers had been vaccinated at O’Hare and Midway airports in Chicago alone prior to the onset of the 2007–2008 flu season.

A prevention program that currently is under development would create a mobile unit staffed and managed by the Cincinnati VA Medical Center (Wilkinson, 2007). This mobile health van would go to events that veterans are likely to attend, allowing them to complete enrollment paperwork and be initially screened for physical health, dental, and mental health issues. This service (which is in a fundraising phase) would make it unnecessary for vets to make two or more trips from their home to the VA Medical Center before ever receiving treatment.

Seeking to quickly improve the health status of male congregants, a pastor demanded in a Sunday sermon that all 900 male members of his congregation see

a doctor within the next month (Welsh-Huggins, 2008). The pastor was reported to be shocked by the high rates of prostate cancer and diabetes suffered by black men and the low numbers of them receiving medical attention. Church deacons were made responsible to follow up on each member's progress. This preventive effort, noteworthy for its simplicity and directness, could make a positive difference in healthy functioning for the men who take advantage of it and sustain their involvement.

Another project that involved reminders (King et al., 2007) was conducted in the domain of physical exercise, an activity that many Americans find difficult to initiate and maintain. The study explored if a convenient, low-cost intervention might be effective in promoting consistent physical exercise. The study found that computer-generated phone call reminders were as effective as, and more efficient than, calls made by health educators to encourage participants to exercise weekly for 150 minutes ("Try It," 2008).

Lifestyle in relation to longevity is a subject of increasing attention. The Quest Network (2006) has identified "blue zones," a term used to refer to places where people live long lives. These locations where people seem to live longer than anywhere else are found in Loma Linda, California; Sardinia, Italy; and Okinawa, Japan (Buettner, 2008a). A fourth geographic area also has been identified, the Nicoya Peninsula of Costa Rica (Buettner, 2008b). Research of centenarians living in this region reveals everyday prevention lifestyle practices that seem to be powerfully associated with a lengthy, satisfying life.

These long-livers (a) have developed a strong sense of purpose, (b) drink hard water containing high calcium content, (c) maintain a focus on family, (d) eat a light dinner, (e) sustain social networks, (f) keep hard at work, (g) take in some "sensible" sun regularly, and (h) embrace a common history with strong spiritual traditions. For a fascinating look at one exemplar of long life in Nicoya, see the online video at www.aarpmagazine.org/lifestyle, which will introduce you to 101-year-old Panchita Castillo, who still rises at 4:00 a.m., chops wood, meets daily with friends and family, reverses life, and places her fate in a higher power.

A study from the University of Cambridge (Khaw et al., 2007) and summarized in the *Cincinnati Enquirer* on January 9, 2008 ("Good Habits Yield Longer Life"), tracked 20,000 people in the UK from 1993 to 1997. It found that an extra 14 years of life can be gained on average by not smoking, eating lots of fruits and vegetables, exercising regularly, and drinking alcohol moderately. Results also showed that the risk of death (particularly from cardiovascular disease) decreases as the number of positive health behaviors increases, suggesting that modest and achievable lifestyle changes could have a marked effect on the health of populations. These benefits were independent of social class or weight.

Speaking of weight, obesity in most developed countries is an epidemic. In the United States, England, and Australia, for example, more than half of adults are overweight or obese, with trend data showing a marked prevalence increase. In fact, youth today may be the first ever to live fewer years than their parents. Those who are obese are at heightened risk for disease and disability, including depression, diabetes, and heart disease (U.S. DHHS, 2001).

An editorial contained in the *Cincinnati Enquirer* (“Editorial: Following a New Path,” 2008) supported the proposal made by President Pro Tem Katie Stine in the Kentucky Senate to require that any new state roads be constructed with walking and biking paths alongside them. Following is a quote from that editorial:

As states and communities grapple with obesity and inactivity, they often realize too late that community design is a big part of the problem. A lack of sidewalks and bike lanes, congested traffic and a lack of destinations for walkers and bikers are obstacles to a healthy, active community. . . . We hope that legislators will get moving on an approach that will get citizens moving as well. (p. C-6)

Prevention news can be found easily regarding other topics beyond health, such as this next entry dealing with school dropouts. Larry Davis, a School and Families Empowerment (SAFE) agent for the Walton-Verona Independent Schools in northern Kentucky, keeps kids from dropping out. Over the last 9 years not one of the 1,500 students in grades P–12 has dropped out of school (Croyle, 2007). Davis said,

I don’t let parents or kids use the word “dropout” in my office. . . . Having no dropouts is a residual effect. I try to help students figure out their problems and help parents with their problems. If I can help get pressure off a kid, they’ll probably graduate. (p. B-1)

Schooling affords a rich topic for prevention, indeed. In another example, the U.S. Department of Labor reports (see The Fischbowl, 2007) that one in four workers today has been with their present employer for less than 1 year, and one in two has been with their current employer for less than 5 years. In fact, in what might seem a startling forecast, the department estimates that today’s students will have 10 to 14 jobs by their 38th birthday! What are the preventive implications for this sea change (one of many) in our society?

Accidental injuries are the subject of prevention. A study in *Injury Prevention* (Phelan, Khoury, Atherton, & Kahn, 2007) suggested that children of depressed mothers are more than twice as likely as other children to suffer injuries requiring medical attention (O’Farrell, 2007). These women are less likely to use child-occupant restraints, to have functioning smoke detectors in their homes, to clear up clutter, and to use the back-sleeping position for their infants compared with nondepressed mothers. Increased injuries occur in such situations. This study was said to be the first one to demonstrate a direct link between maternal depression and increased risk for childhood injury. The preventive implications are clear. If maternal depression can be diagnosed and treated early, then mothers are more likely to be able to learn and employ preventive strategies to eliminate injuries in their children.

Indeed, prevention is “all around us.” The previous descriptions simply represent examples. If prevention is so commonplace, as the information extracted from popular media suggests, then what is its status in the helping professions? Here, prevention could be said to be only partially in place. The prevention zeitgeist has not yet made its way obviously within the helping professions.

LEARNING EXERCISE 1.1**Finding Everyday Prevention in Your World**

Okay, now it's your turn. What is in your "everyday prevention" world? For the next week, take a good look at that world. Note especially information and images contained in the popular media.

Take notes of what you find that is linked with prevention. Return to this exercise box after you review your notes at week's end. What did you find? List five of the more interesting items below:

1. _____
2. _____
3. _____
4. _____
5. _____

Summarize what you learned from doing this exercise:

Prevention in the Helping Fields

Like a freight train slowly inching up a long grade, prevention chugs along in the helping fields, making gradual gains. Although signs of progress are occurring, its rate needs to be revved up so that prevention can accelerate in psychology, counseling, social work, and the helping services.

To illustrate the situation, Romano and Hage (2000) in a "Call to Action" and Conyne (2000) in a proposed "Resolution" urged counseling psychology to accelerate its commitment to prevention through increased concrete actions in training, research, practice, and advocacy. Leadership in these areas is necessary to lower the barriers that inadvertently serve to keep the preventive profile low.

The barrier that is targeted in this book is that many professional helpers function without guidance about how to conduct prevention within the context of their role and function. This deficit is not their fault, of course. For the most part, practitioners were largely unexposed to prevention in their professional training. This situation is gradually improving, however, and optimistic signs are emerging.

For instance, the American Psychological Association (APA), whose overall purpose is "to advance psychology as a science and profession and as a means of

promoting health, education, and human welfare” (American Psychological Association, 2008a), sponsors prevention programs as one of many methods to fulfill its purpose. Three brief examples from APA will be described next: (a) the Psychologically Healthy Workplaces Award program (American Psychological Association, 2008b), (b) cooperative program with the YMCA’s Activate America campaign (Anderson, 2008), and (c) Adults and Children Together Against Violence (ACT) program (DeAngelis, 2008).

The Psychologically Healthy Workplaces Award (PHWA) program formally recognizes work settings that reduce job stress (which is estimated at costing U.S. employers \$300 billion per year), while improving employee satisfaction, retention, and productivity. Qualifying organizations receive a special award that recognizes their commitment to programs and policies that enhance the health and well-being of their employees while fostering improved organizational productivity and performance. Five criteria are used to identify how effectively organizations support their employees’ (a) involvement, (b) work-life balance, (c) growth and development, (d) health and safety, and (e) recognition. Employee productivity also is emphasized.

The PHWA program of the American Psychological Association is noteworthy for at least three reasons. The fact that a professional association would devote some of its time and resources to implement a procedure for recognizing work settings that demonstrate psychologically healthy environments is—at least in my mind—a credit to the association itself. Second, focusing on work organizations illustrates one aspect of a broad reach in prevention because these settings—in which millions of employees spend around one third of their waking hours every work week—are virtual petri dishes that can germinate both unhealthy and healthy processes and behaviors. Work organizations that promote healthy functioning in their employees, then, serve as preventive forces. Third, these winning programs have produced documentable gains in lowered stress, worker satisfaction, and higher productivity. These accomplishments are to be applauded. The fact that the evaluation models used may not allow these results to rise to the level demanded of empirically based interventions (see, especially, Chapters 3 and 6 of this book) suggests directions for growth.

In a second program, APA’s Practice, Science, and Public Interest directorates along with its Division 42 (Independent Practice) are collaborating with the YMCA to tackle the obesity crisis in the United States. More than 60 million adults and 5 million youth in this country are obese, contributing to annual hospital costs for this condition that have increased three times over the previous two decades. As Norman Anderson, the APA’s Chief Executive Officer, observes, the 2,617 YMCA settings reach huge numbers of young people, making them the largest child care provider in the nation. This extensive reach includes 20 million members spread across more than 8,500 communities and neighborhoods. Such a wide net makes the partnering of APA with that organization, which deals with lifestyle and behavioral issues involved with obesity, a natural fit. Educational workshops for parents on family connectedness, healthy eating, exercise, and other relevant areas will be presented by psychologists. In addition, policymakers will receive fact sheets

and policy recommendations for the prevention of youth obesity. This promising prevention program is in the early stages of implementation.

In the third example, in 2000 the APA through its Violence Prevention Office launched a research-based primary prevention intervention, the Adults and Children Together Against Violence program. The ACT is intended to enhance positive parenting and to reduce maltreatment of children. This is an important area to address because, according to data from the Centers for Disease Control and Prevention (2005, cited by DeAngelis, 2008), the prevalence of child maltreatment is both high (e.g., 906,000 U.S. children have been identified as being maltreated, no doubt an underestimate) and potentially deadly (e.g., as reported in the data, 1,500 children died from maltreatment, including 36% from neglect, 28% from physical abuse, and 29% from multiple means). ACT is a basic, universal parenting program in which parents learn how to deal with anger, how children's developmental stages affect their behavior, the use of positive ways to discipline, and how to decrease the effect of media violence on children. This program has been evaluated through self-assessments and now is advancing to a national, three-site outcome study.

So, progress in providing prevention programs is occurring, which certainly is encouraging. However, to bring us back to the main point, creating and delivering preventive services remains a daunting challenge for too many practitioners. Frameworks, blueprints, and examples of how to design and deliver prevention programs are needed, as I have emphasized.

Before we consider how to do prevention, though, it is necessary to begin with a discussion of what prevention in mental health, education, and communities is. Although it is perhaps comforting to realize that prevention is commonplace in our culture and that our moms were right on this score after all—witness the aphorisms and news stories presented earlier—it will be useful first to consider prevention more deeply. The following chapter on the basic tenets of prevention begins with a brief excursion into some historical influences.

Summary

We come to prevention naturally. Whether through the homely bromides of our mothers or attributed to American heroes such as George Washington, we have inculcated advice for daily living. “Only YOU can prevent a forest fire,” said Smokey the Bear, who is but one of these guides.

This chapter was meant to remind you that prevention is not some esoteric extra but it is part of the warp and woof of our everyday existence. It has also seeped into professional practice, training, and research. It is our responsibility as counselors, psychologists, social workers, and human service providers to learn about how to develop, implement, and evaluate prevention programs. Doing so will be of great service to the health and welfare of citizens.

