

**PREVENTION:
EXPANDING THE CONCEPT**

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Prevention: Expanding the Concept

Historically, the public health prevention paradigm has played a significant role in the evolution of Employee Assistance Programs (see Table I). Accordingly, prevention has been conceptualized on the primary, secondary and tertiary levels (Last 1992). In this way, practitioners are permitted "to intervene preventively at different points of time" (Coohey and Marsh 1995:527). Since their inception, EAPs have been presented as secondary and tertiary level prevention programs in the workplace (Sonnenstuhl and Trice, 1986). More recently, worksite wellness programs have proliferated with the promise of cost offsets through primary prevention activities focused on risk reduction and health promotion (Blum, Roman & Patrick 1990). However, the public health "tripology" contains elements which are loosely defined, and the model can present problems for both workplace prevention and research. The purpose of this paper is to explore the possibilities of expanding EAP technology to include the development and evaluation of primary prevention activity. Illustratively, it will present an EAP sponsored pilot prevention program, namely, the Community Education and Life Skills Enhancement Kit (CELSEK). Additionally, a recent content analysis of the social work prevention literature will be reviewed to clarify aspects of prevention, health promotion, intervention and rehabilitation.

PUBLIC HEALTH MODEL

LEVEL	STAGE	OBJECTIVE
Primary	Asymptomatic	To reduce the incidence of disease or injury
Secondary	Early Onset	To reduce the prevalence of disease and disability
Tertiary	Late	Treatment and rehabilitation

Prevention: An EAP Sponsored Pilot Project

In 1993 The Mount Sinai Medical Center's Employee Assistance Program embarked on a project designed to develop community-workplace alliances for the prevention of drug and alcohol abuse. The creation of community based structures to support individuals and families was perceived as a precondition for effective prevention. The effort was based on the notion that partnerships between communities and major employers had great, albeit undocumented, potential to address issues of mutual concern such as drug and alcohol abuse (Leukefeld 1988). Accordingly, exploratory discussions were initiated involving representatives of the EAP staff, the Museum of the City of New York, Local 1199, community service providers, health care advocates and an East Harlem Artist's Workshop. The discussants agreed to participate in the development of the Community Education and

Life Skills Enhancement Kit (CELSEK), entitled, "Work and Family in East Harlem." The project was based on a modified version of community education technology previously developed by the Museum of the City of New York. The technology relies on the presentation of photographic imagery to generate thematically focused discussion and follow up interactive exercises. Specifically, CELSEK's objective was to present photographic images reflecting positive aspects of work and family life in the East Harlem community. These images were to be presented to various groups of community members in an effort to generate dialogue and activities that would strengthen family relationships and enhance marketable work skills. Theoretically, the intervention is based on the hypothesis that individuals with strong family relationships and marketable work skills will have lower risk levels for a range of problems including drug and alcohol abuse (Kumpfer 1988).

On a broad level, the CELSEK project was developed to explore the programmatic potential of expanding EAP technology to include primary prevention. It was believed that EAP'S using performance based identification techniques were not effective vehicles for primary prevention or pre-symptomatic intervention. Moreover, research findings have questioned "the degree to which supervisors actually do identify early cases through work performance problems"(Foote 1990). Consequently, it was believed that a range of new EAP interventions needed to be developed.

PREVENTION/INTERVENTION PARADIGM

Focus	Nature of Programmatic Effort	
	Primary	Secondary/Tertiary
Social or organizational change	Social/organizational interventions to alter environmental influences (stress, alcohol availability, etc.)	Social/organizational interventions to identify and serve people at risk or in need of help (EAPs, etc.)
Individual change	Education	Treatment/clinical interventions

(Foote, 1990)

The CELSEK project is part of the practice based research initiative developed by Mount Sinai's EAP. This reflective practice model (Schon 1983; Epstein 1995; Hughes 1995) has been an integral part of the project and continues to shape its evolution. The initial objective was to develop a program that would help working families cope with the rigors of urban life and a changing workplace. Our intention was to extend the scope of EAP intervention beyond the gates of the workplace to include the community. Moreover, the intervention was clearly conceived as primary prevention, thus, opening new areas of EAP activity. Specifically, the project was designed to explore the efficacy of EAP sponsored "prevention strategies in a variety of settings including the school, community and the workplace" (Leukefeld 1988). The result was the Work and Family in East Harlem photographic essay.

Although the intervention was originally conceived for small groups the development process revealed significant community building potential. Accordingly, a diverse group of organizations, agencies, and individuals formed an unusual working relationship.

Pilot field testing of the intervention began in 1995 with a an intergenerational group of senior citizens and local school children. It began with the presentation of the individual CELSEK images followed by focused discussion. Observations suggested that the images were thematically recognizable to the participants and evoked a range of content appropriate responses. Process recording documented interesting themes including aspects of the community's immigrant experience, the vibrance of folk culture, critical life transitions, the role of work, the significance of play and the importance of family. The resulting analysis employed qualitative techniques for the purpose of developing a formative evaluation. Follow up interactions with the participants demonstrated the creative energy generated by the intervention. Interestingly, the youngsters began to collect life histories of elder members of their families. Moreover, the school arranged for the children to obtain technical and material assistance to produce their own images reflecting work and family life in the community. The project team realized that the images comprised important data reflecting programmatic themes such as religion, sibling relationships, handicrafts and the economy of the streets. Consequently, the production of images by the intervention's participants has become an integral part of the project.

Prevention: Exploring the Concept

Throughout the CELSEK project, the research team worked to address a number of pragmatic questions, namely, 1) what was to be prevented?; 2) who are at risk?; 3) who should be included in the program?; 4) what is the theoretical basis for the intervention?; 5) how will the intervention be executed? And finally, 6) how will its effectiveness be evaluated? In other words, the exploratory nature of the research required that key components of the prevention concept, such as, end state, timing, target population, eligibility criteria, and level of risk be clarified. For example, the term prevention itself raises the distinction between prevention and promotion. Specifically, there are several aspects to prevention activity which need to be considered. These include the prevention of undesirable end states, the protection against undesirable end states and the promotion of desirable outcomes. Operationally, it was decided that the CELSEK intervention would be conceptualized as a primary prevention project whose objective was to prevent the undesirable end state of drug and alcohol abuse. Theoretically, CELSEK seeks to accomplish this task through family strengthening interventions (Kumpfer 1988). Ideally, these interventions protect against the incidence of drug and alcohol abuse while promoting a healthy life style. CELSEK targets working families in the East Harlem community whose risk levels are documented by public health data (NYC Health Services Administration 1993). However, its pilot field test revealed the potential for wider inclusion. More importantly, field testing convinced the research team that further conceptual clarification was required.

The need for conceptual rigor in the area of prevention research was explored by Coohy and Marsh (1995) who argue that the lack of conceptual clarity is a major stumbling in the

area of prevention research. In their recent article, the authors employ the qualitative techniques of content analysis to review the prevention literature. Their stated purpose was to review "current conceptualizations and definitions of prevention", to recommend a specific model for prevention activities and to distinguish prevention research from treatment research (ibid.:525). Accordingly, they revealed considerable variation in the definitions of key prevention concepts including the "fundamental elements of timing, end states, targets and eligibility" (ibid.:534). For example, "the decision to define primary prevention only or to define primary, secondary, and/or tertiary prevention represents two major orientations toward defining prevention" (ibid.: 527). In the first case, prevention is defined in terms of a specific end state which is to be prevented, promoted or protected against. Contrastingly, the second case is built upon the public health notion of primary, secondary and tertiary prevention (i.e. the tripology) which allows practitioners the option of intervening at different points of time. End states can be classified as "desirable/positive or undesirable/negative" (ibid.:528). The targets of prevention can also vary widely and can include all individuals, a subset of individuals or a particular individual. Moreover, an intervention can target a range of entities such as a work place, a community, a city, or a culture. Similarly, prevention eligibility criteria vary and can include elements from risk factors to the signs, symptoms or sequelae of disease. Interestingly, Coohy and Marsh's content analysis suggests that the public health model of prevention may be overly broad. In as much as it attempts "to prevent something undesirable from occurring (primary prevention), continuing to occur (secondary prevention or treatment), or reoccurring (tertiary prevention or rehabilitation)" (Ibid:531). Accordingly, many of the studies they reviewed cross cut two or more levels of prevention. This was particularly problematic on the primary and secondary levels. Consequently, the authors present an alternative model which includes promotion/prevention, treatment and rehabilitation.

TYPE OF INTERVENTION

	Promotion/Prevention	Treatment	Rehabilitation
Timing of intervention	Before an undesirable end-state	During an undesirable end-state	After an undesirable end-state
Developmental stage of end-state	Has not occurred (asymptomatic)	Has occurred: Early stage of fully emerged (symptomatic)	Has occurred and is chronic (asymptomatic)
Eligibility criteria	All or a subset of individuals	A specific individual	A previously identified individual (Coohey, Marsh 1995)

OPERATIONAL DEFINITIONS OF PREVENTION DEFINITION COMPONENTS

End-state	The practitioner/researcher specifies what event or condition is (un)desired (e.g., child physical abuse, physical health, substance misuse, school phobias, suicide, adaptive functioning)
Timing	The practitioner/researcher specifies when an intervention should occur if it is to attain, maintain, avert the (un)desirable end-state
Target	The practitioner/researcher specifies who or what is acted on by the change agent
Primary target	Who or what contributes to the development of the end-state (e.g., community, families)
Secondary target	The ultimate beneficiary of an action (e.g., parents and children)
Eligibility criteria	The practitioner/researcher specifies which target(s) can be selected for inclusion in the intervention or study
Universal	All individuals
At-risk	A subset of individuals, because they possess undesirable individual factors and/or have been or will be exposed to undesirable environmental factors linked to an (un)desirable end-state
(Early) Identification	A specific individual, because he/she possesses an end-state

Clearly, the nature of prevention would be advanced with the establishment of consensually accepted definitions. However, basic elements within public health model continue to be addressed differentially. Consequently, it would be helpful if both practitioners and researchers worked to develop a set of standardized definitions of key operational concepts. The following discussion of three critical prevention elements illustrates how this issue was an important concern throughout the CELSEK project.

Timing: Timing is a critical element in prevention activity and connects all three levels of the public health model. Hence, primary prevention occurs before the onset of an undesirable end state. Similarly, health promotion occurs before a desirable end state, while protection occurs during a desirable end state. Contrastingly, secondary prevention occurs during the early stages of an undesirable end state. Problematically, the boundary between primary and secondary prevention is sometimes vague. Finally, tertiary prevention refers to prevention activity which is initiated after an undesirable end state has been attained but before its reoccurrence, or action taken during the specified end state. The CELSEK project includes two aspects of the primary prevention definition. Specifically, it seeks to avoid the undesirable end state of drug and alcohol abuse by preventing it before it occurs and by encouraging participants to maintain their health via promotion. It is suspected that the CELSEK intervention might have secondary prevention value and lead to case finding on this level. However, the project declined to incorporate this aspect in order to maintain simplicity in its design.

Targets: The object of a prevention intervention can vary substantially. It may include a universe of individuals, a subset of individuals or a specific individual. It may also include the environment or some aspect of the environment. Within the public health paradigm, primary prevention interventions often include both individuals and the environment. Contrastingly, the targets of secondary and tertiary interventions tend to be focused on individuals. The CELSEK project illustrates this distinction. For example, during the developmental stage of the project, the intervention employed community organizing techniques to bring together diverse segments of the community to address an issue of mutual concern. Community awareness of the contemporary socio-cultural landscape was historically contextualized during the archival review of relevant images. Through dialogue, a constellation of community beliefs, attitudes and behaviors was examined and evaluated. Images were selected which addressed certain key aspects of the cultural environment for the purpose of raising critical awareness. On this level, the intervention addresses community cohesion and cultural beliefs as two important environmental variables requiring intervention. Furthermore, the CELSEK intervention itself targets individuals and small groups of individuals, namely families, for intervention. Consequently, the CELSEK intervention corresponds with the prevailing trend observed in the primary prevention field to address both individuals and the environment.

Eligibility Criteria: Clearly, any prevention intervention has to address the question of inclusion. Accordingly eligibility criteria determine the appropriate targets for inclusion in the intervention. Seventy five percent of the primary prevention articles reviewed by Coohy and Marsh included some reference to eligibility criteria. "Most primary prevention definitions favored selecting (a) a specific set of conditions, circumstances, or factors that put a group of individuals at-risk for the development of some end-state, or (b) all individuals regardless of their risk status (i.e. universal selection)" (Coohy and Marsh, 1995:530). Consequently, individuals with particular risk factors are selected for primary prevention interventions. Contrastingly, individuals in the early stages of some end state are selected for secondary prevention interventions. Originally, the CELSEK intervention was designed for working families in the East Harlem community. However, field testing seems to suggest wider inclusion possibilities.

Given the range of theoretical and operational definitions employed within the prevention field conceptual elasticity is required. However, practitioners and researchers must explain and clearly define the terms they employ. Fortunately, the field seems to be moving in this direction.

Summary

In retrospect, Coohy and Marsh's analysis illustrates many of the important issues encountered throughout the CELSEK project. Specifically, the sweeping nature of the public health paradigm did seem to obscure the intricacies of prevention. Clearly, the goal of primary prevention activity is to avoid a negative outcome (such as alcohol abuse) while health promotion seeks to encourage a positive end state. Operationally, the distinction between these activities is reflected by their respective methods and techniques. It is important to understand that prevention and health promotion are not mutually exclusive activities and frequently serve as a programmatic compliments within the context of primary prevention. However, secondary and tertiary prevention programs lack this dual focus.

As previously stated, the public health paradigm loosely defines the boundaries between its various levels of prevention. This is reflected in the overlap observed in many studies between primary and secondary prevention. The objective of CELSEK is to prevent drug and alcohol abuse. It seeks to protect families from disorganization while improving their economic viability. Essentially, CELSEK attempts to prevent drug and alcohol abuse by strengthening family relationships and enhancing marketable work skills. Moreover, CELSEK develops community structures which mitigate against abuse. Accordingly, CELSEK is a primary prevention program designed to reduce the incidence of drug and alcohol abuse. On the community level it employs alliance building techniques designed to strengthen community organizations (community development). On the individual level it seeks to protect families at risk (prevention) while encouraging the maintenance of healthy life styles (promotion). Contrastingly, secondary and tertiary interventions employ procedures and techniques which are distinct. For example, traditional secondary prevention in the EAP context involves early performance based identification, constructive confrontation, motivational counseling, referral and supportive counseling. These interventions are clinical in nature and employ skills developed within the treatment context. Similarly, tertiary prevention involves those rehabilitative interventions which

are appropriate for individuals who are struggling with the impact of a developed undesirable end state. Consequently, both secondary and tertiary prevention involve some form of clinical intervention and logically should be distinguished from primary prevention. Finally, the CELSEK project illustrates Coohey and Marsh's definition of prevention on four principle dimensions (ibid.: 532-533). Accordingly, it selects individuals (eligibility) who are at risk and occurs prior to the development of an undesirable end state (timing). Similarly, CELSEK places significant emphasis on the environment (target) as part of the intervention's focus. CELSEK utilization of positive images of work and family life reflects the concept of promotion (desirable end state) within the intervention.

As an exploratory project CELSEK provided the research team the opportunity to reflect upon the nature of prevention through the application of qualitative research techniques. Accordingly, images believed to reflect culturally significant content were selected. The presentation of these images followed by focused discussion and planned activities is thought to have protective value. Impressions of the impact of the intervention were collected through process recording (i.e. ethnographic notes) and photos taken by the participants. Formative evaluation involved the use of a content analysis reviewing the social work prevention literature to explore key concepts such as timing, eligibility, targets, risk factors and end states. Future efforts are being planned to design a more rigorous tests of the intervention. Essentially, the research team believes that primary prevention is fundamentally distinct from secondary and tertiary level interventions. It is distinguished from treatment and rehabilitation in that 1) it occurs prior to a specified end state and 2) selects asymptomatic individuals for interventions that prevent, promote or protect. Consequently, future prevention research must clearly delineate the boundaries between prevention, treatment and rehabilitation while developing methods appropriate to each.

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