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Remembering and Emphasizing the Distinction between Prevention and Treatment

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Introduction

Psychological disorders afflict a great many people in today's world. Mental health professionals therefore possess a great responsibility in terms of addressing such concerns. This can be done at a variety of levels, from trying to stop the developmental of mental health concerns before they happen (e.g., prevention), to working toward remediation of mental health problems that already exist (e.g., treatment). However, much of the published literature seems to confuse the critical distinction between "prevention" and "treatment." It is with hope that the following writing assists researchers in more fully understanding this distinction, and appropriately classifying their future work.

Perspective

The difficulty in this area has to do mostly with studies that identify as being studies of prevention. Mrazek and Haggerty [1] explicitly define the different levels of intervention. Briefly, "treatment" is warranted once symptoms reach disorder-level thresholds while "prevention" is to be utilized before disorder-level threshold has been reached. A multitude of so-called "prevention" studies report results wherein an intervention (e.g., this term is to be distinguished from 'treatment') group that receives a prevention program shows greater reductions in symptomatology as compared to a no-treatment control. This NOT a prevention effect – please see below for explications by experts in the field.

Horowitz and Garber [2] emphasize that "prevention effects" are found when control group participants worsen over time as compared to no worsening or diminished worsening of disorder by those in an intervention group. On the other hand, "treatment effects," are reflected by improvement of a treatment group as compared to significantly less or no improvement experienced by control group participants.

Conclusion

As such, what is actually being demonstrated by many studies is not true 'prevention' but rather treatment effects. According to the definition laid out by Horowitz and Garber [2], a true prevention study should not be focused on reducing symptomatology. Rather, a true 'prevention' study should be geared toward slowing or stopping the development of pathology – with the comparative results being identifiable in a control group that demonstrates a worsening of symptoms. When a so-called "prevention" study shows that a control group exhibits improvement on its own, this is not a true "prevention" study because the data indicates that, even with no intervention, individuals will (as a whole) improve. To remain adherent to the notion of 'prevention,' an intervention must show that an intervention group either progresses slower or does not progress at all toward an endpoint of disorder status; otherwise, if the only thing being demonstrated is that a so-called prevention group demonstrates better improvements in symptomatology than a control group, this would be an intervention study.

References

1. Mrazek PJ, Haggerty RJ (1994) Reducing risks for mental disorders: Frontiers for prevention research. Washington, DC: National Academy Press.

2. Horowitz JL, Garber JG (2006) The prevention of depressive symptoms in children and adolescents: A meta-analytic review. Journal of Consulting and Clinical Psychology 74: 401-415.

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