Prevention: the introduction

Gavin Andrews AO MD
CRUfAD, UNSW at St Vincent’s Hospital, Sydney
Prevention can be
Universal
Selective
Indicated
An efficacious intervention will have
1. been tested in at least two rigorous trials that involved defined samples from defined populations,
2. used psychometrically sound measures and data collection procedures;
3. analyzed their data with rigorous statistical approaches;
4. showed consistent positive effects (without serious harms)
5. reported at least one significant long-term follow-up.
Standards of Evidence: Criteria for Effectiveness
Flay et al 2005, Society for Prevention Research

An **effective intervention** will meet all standards for efficacious interventions, and will have

1. manuals, training, and technical support available to allow third parties to adopt and implement the intervention;

2. been evaluated under real-world conditions that measured engagement of the target participants (in both the intervention and control conditions);

3. established the practical importance of intervention outcome

4. demonstrated to whom intervention findings can be generalized
Standards of Evidence: Criteria for Dissemination
Flay et al 2005, Society for Prevention Research

• An intervention ready for dissemination will meet all standards for efficacious and effective interventions, and will provide
  (1) evidence of the ability to “go to scale”;
  (2) clear cost information; and
  (3) evaluation tools so that agencies can monitor how well the intervention works in their settings.
Preventing depression and anxiety in young people: a review of the joint efficacy of universal, selective and indicated prevention

E.A Stockings et al., Psychol Med 2015 (NDARC, UNSW)

Universal, selective and indicated prevention interventions (146 RCTs, 72% psychological, n=46,000) reduce internalizing symptoms and disorders in the short term.
Conclusions
E.A. Stockings et al., Psychol Med 2015

1. Prevention interventions were shown to reduce risk of disorder onset and reduce symptom levels for internalizing disorders for up to 12 months.

2. The efficacy of large-scale implementation of prevention interventions in school settings, and within existing school-staffing resources, is supported

3. It is not clear whether the lack of efficacy over longer periods reflects the limited evidence.

4. These approaches might be considered useful on a repeated basis through childhood and adolescence cf. immunization schedules.
CAUTION!
Prevention Programs Need Protection