



An Integrated Approach to Service Delivery for Youth with Emotional and Behavioral Problems

Source: Farmer, T.W., & Farmer, E.M.Z. (2001). Developmental science, systems of care, and prevention of emotional and behavioral problems in youth. *American Journal of Orthopsychiatry*, 71(2), 171-181.

The authors of this article propose the integration of three important areas in children's mental health in order to improve outcomes for children who have or are at risk for developing emotional and behavioral problems. These three areas are developmental science, systems of care, and prevention.

Developmental Science:

This "new interdisciplinary science" (p. 172) includes traditional developmental psychology as well as social development, cognitive development, social ecology, developmental psychobiology, physiology, neuropsychology, and anthropology, among other disciplines. Developmental science postulates that "individual functioning and adaptation can only be understood by considering how internal (e.g., cognitive, emotional, endocrine...) and external (e.g., family, peer group, neighborhood, culture) subsystems work together to contribute to development" (p. 172).

An important element of the developmental science framework is correlated constraints, which are interconnected systems that provide a predilection toward certain types of behavior. Whether a youth has primarily positive constraints or primarily negative constraints can have important implications for service delivery. For example, although two individuals may display a similar problem behavior, one may be functioning well in other areas of life (positive constraints), while the other is having many other difficulties (negative constraints). If an individual's system is organized around positive constraints, interventions will likely focus on positive adaptation. If an individual's system is more organized around negative constraints, however, a re-organization of the system may be necessary. Such reorganization is fostered by practitioners' awareness of opportunities presented by normal developmental transitions and recognition that systems are "continuously changing and open to major realignment" (p. 175). The authors suggest that an individual's social interactions are at the junction of the internal and external environment, making them useful variables for both assessment and intervention.

Systems of Care:

Systems of care were designed to provide child-centered, family-focused, community based, and individualized services that are well coordinated among community agencies. Although systems of care have successfully changed the way services are provided, evidence of greater improvement in such systems is ambiguous. The authors assert, "part of the difficulty seems to be a primary focus on system-level changes, with a lack of corresponding attention to the type and quality of interventions received [as well as] the lack of theoretical underpinnings for the changes" (p. 176). They propose that developmental science could provide an underlying theory for systems of care services, in which the coordinated network of services found in systems of care could be used to realign youths' correlated constraints.

Prevention:

Prevention programs typically operate under a three-level classification system: universal prevention refers to interventions aimed at the general public, selective prevention focuses on individuals with higher risk for disorder, and indicated prevention targets individuals already experiencing a disorder. Although prevention programs have been effective in reducing immediate risk factors at the universal and selective levels, they "do not focus on reorganizing the developmental system and may be less effective in youth whose behavior reflects a system of correlated risk factors" (p. 177). Because the goal of prevention is to intervene before problems develop, these programs may be targeting lower risk youth. Consequently, many youth may be left out of both prevention and treatment programs because their problems are too complicated for the first and not severe enough for the second. When mental health treatment does become necessary, interventions are usually focused on immediate problem solving rather than "preventing later adjustment problems by realigning the child's developmental trajectory" (p. 178). The authors



DATA TRENDS: August, 2001 #36

Summaries of research on mental health services for children and adolescents and their families



recommend that high-risk youth and those manifesting problems should be eligible for system of care services and also the target of prevention programs.

Integration:

The authors propose the integration of these three approaches. Such integration could extend prevention services using a developmental science framework and take advantage of the comprehensive service delivery in systems of care. This shift would require practitioners and policy makers to understand the principles of developmental science and would necessitate the inclusion of prevention programs into systems of care. For example, the authors suggest that agencies such as boys and girls clubs may be helpful in prevention but are rarely central parts of systems of care. In such a system, “youth who receive services from any child-serving agency should be evaluated for multiple needs” (p. 179), in contrast to the current focus of evaluating and serving youth with only the most extreme difficulties.

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Funds to support this activity come from the Child, Adolescent and Family Branch, Federal Center for Mental Health Services, Substance Abuse Mental Health Services Administration