

Statement on Behalf of the American Sociological Association

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GUIDING QUESTION #1. Does your organization have a position on mental health promotion or prevention of mental health disorders or substance abuse among children, youth, and young adults?

Within the membership of the American Sociological Association (ASA), there are 44 organized special interest sections each of which focuses on specific research, theoretical or methodological domains. Four of these sections have significant engagement in some aspect of research on the prevention of substance use and mental health disorders among children, youth, and young adults. The sections on (1) Mental Health, (2) Alcohol, Drug, and Tobacco, (3) Children and Youth, and (4) Crime, Law, and Deviance. In addition, a number of the other 40 sections have important overlap with the research domains of these four sections.

There is a strong base of sociological research on the prevention of substance use and mental health disorders among children, youth, and young adults. The breadth of outcomes and contexts addressed by this research demonstrates the importance of sociological perspectives to research on the prevention of mental health disorders and substance abuse.

This work is often interdisciplinary, reflecting that risk and protective factors include multiple levels of analyses across biological, psychological, and sociological domains. It is clear that important advances in prevention research are being realized with the development of models that consider the influence of multiple and interacting causal factors across these research domains. Significant prevention research on mental health and substance abuse is not typically limited to addressing single causal agents, nor is it limited to single disciplinary-bounded questions.

From a disciplinary perspective, it is easy to see the contexts in which the sociological perspective is of particular relevance. For example, the NIDA publication on *Preventing Drug Abuse among Children and Adolescents* notes that there are five domains where interventions may take place. Each of these domains is associated with particular patterns of risk and protective factors. Four of these domains move beyond the individual, to family, peers, school, and community. Sociological theory and research directly address the types of risk and protective factors associated with each of these group domains.

While sociologists have been engaged in pre-intervention and preventive intervention research programs, the movement to the “gold standard” in

evidence-based health care (i.e., randomized controlled/clinical trials) in community contexts represents an area of particular need for a sociological perspective. This context introduces the need to have research address community and organizational factors that have the potential for influencing the implementation of effective programs. In addition, it is typically in the community domain where we face the considerable challenges of implementing interventions while addressing ethnic and cultural differences across communities.

GUIDING QUESTION #2. What role do evidence-based practices and other relevant research play in your efforts?

Sociologists play an important role in the development of evidence-based practices for prevention of mental health and substance use problems. The standard disciplinary approaches emphasize the empirical validation of prevention programs and practices. The foundation of any meaningful prevention research is the use of appropriate scientifically rigorous and replicable research designs and methods. Empirical support for various evidence-based practices is established through this level of quality research and evaluated through scientific peer review.

It is fundamentally important, however, that there is continued emphasis and investment in basic research that helps us identify factors that influence risk and resilience associated with problem behaviors. There is a need for interdisciplinary collaborations to help us better understand the complex relationships between biological, social, and cultural risk and protective factors. We need to have support for basic research to develop better pre-intervention models of factors that increase the risks for unhealthy behaviors and those that promote health and well-being. There is a particular need to expand the research with diverse populations where there are often increased stressors due to disadvantage and discrimination, but also potential sources of resilience in the community and the culture.

GUIDING QUESTION #4. What are the biggest barriers to the adoption of evidence-based practices?

One of the more difficult barriers is associated with moving to effectiveness trials. Moving evidence-based practices from smaller controlled settings to “real-world” conditions is much more than a matter of scale and logistics. Here, sociologists bring a particular set of skills for working in community contexts. The success of any community-based effectiveness trials relies

upon establishing partnerships at the local sites. While these might be limited to institutional arrangements in selected research, it more often involves establishing and working with community coalitions, citizen advisory boards, and similar representation at the local level. Such efforts help us create the foundation for being able to adequately evaluate the complex interplay of level of community organization and cohesiveness with the optimal conditions of delivery to produce an effective intervention.

A related challenge is associated with the need to adapt the intervention in ways to make it appropriate to the community setting while still maintaining an appropriate level of fidelity with the basic design. Again, this issue is enhanced in working with minority communities. Maintaining strict fidelity to an intervention protocol developed and tested for efficacy in a majority population is likely to produce much different results in minority populations. It is important that our focus on evidence-based practices is not structured in a way that precludes the development and testing of culturally appropriate interventions. There are some very good examples in sociology of these types of approaches to interventions within minority communities. It requires recognition that culturally specific intervention models, while based on the same scientific principles, may look different in application. It is also very likely that additional resources and effort need to

be allocated to establish community support and involvement in the intervention development and that additional attention is paid to providing direct feedback to the community regarding the outcomes of the research. The best of these efforts typify what has come to be known as “community-based participatory research.” This level of collaboration has been typical of sociological research within minority communities for a period long preceding the development of this term, “community-based participatory research.”