

● **REJOINER**

**Prevention:
A Call to Action**

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We feel energized by the persuasive and thoughtful commentaries made by George Albee (2000 [this issue]), Robert Conyne (2000 [this issue]), and Elizabeth Vera (2000 [this issue]) about the articles that comprise this major contribution on prevention in counseling psychology. We are grateful to these scholars for enriching our perspectives and supporting the goals and vision expressed in the articles. Their reactions have provided us, and we hope the readership, with additional incentives to give prevention greater prominence and significance in the profession as well as in the global society.

Given space constraints, it is necessary to limit the length of our rejoinder. To do so, we will briefly comment on the issue of primary and secondary prevention raised by each reactant, saving a more complete discussion of preference and priority for future forums. We will use the majority of this rejoinder to offer five Call to Action proposals to the leaders and members of the profession. All three reactants discussed the importance of prevention gaining greater centrality within counseling psychology. We hope that the proposals will help to achieve this goal.

PRIMARY AND SECONDARY PREVENTION

As we reviewed in the major contribution (Romano & Hage, 2000), much controversy has surrounded the definition of prevention. Albee (2000) and Conyne (2000) clearly state that we should give priority to primary prevention efforts, as they offer the most hope of affecting large numbers of people. Vera (2000) raises concern about the emphasis on risk factors in secondary prevention, creating the unintended effect of pathologizing groups of people. We do not disagree with these points of view, but the emphasis may be different. The prevention perspective of Romano and Hage (2000) is inclusive and does not express a preference or priority. We also reiterate that in practice, it is often difficult to differentiate between primary and secondary prevention.

Therefore, we have attempted to avoid the definition controversy by offering a broad conceptualization of prevention to encompass the multiple ways in which prevention can be implemented.

CALL TO ACTION

Each of the reactants raises the major concern about how to sustain the science and practice of prevention so that it becomes truly foundational to the profession. Vera (2000) reminds us that this is not the first “wake-up call” for the profession and encourages modifications in training programs, especially in practicum and internship. Conyne (2000) offers a resolution that prevention be fully integrated into counseling psychology and urges the readership to advance a prevention perspective. Albee (2000), after 50 years as a preventionist, passionately argues for political action and social justice as the most important prevention agendas. We offer this call to action for the profession to build on this major contribution and reduce the likelihood that these articles will become just another blip on the “radar screen” of the field—that is, many words but no change and no actions.

CALL TO ACTION PROPOSALS

1. Modify the archival definition of counseling psychology (American Psychological Association, 1999) to clearly state prevention as a fundamental activity of the profession. In the current definition, prevention is suggested; it is time for prevention to be unambiguously identified as central to counseling psychology.
2. Integrate prevention concepts, perspectives, and skills in core counseling psychology courses. Students need to be informed about the science and practice of prevention through reading and discussion and be given opportunities to observe and participate in prevention initiatives. Students are currently exposed to several models of and experiences in counseling and psychotherapy, but rarely is prevention modeled or practiced.
3. Require students to list prevention activity on practicum and internship applications (e.g., Association of Psychology Postdoctoral Internship Centers internship application). Legitimize prevention in field placements by encouraging students to seek out prevention experiences and document them on activity logs and through supervisor evaluations.
4. Influence graduate training programs, accreditation bodies, and state license boards to recognize prevention science and practice as necessary competencies for psychologists.

5. Advocate for systemic change and political action for social justice. Counseling psychologists, even those in traditional counseling roles, can engage in prevention through involvement in community advocacy and policy-making organizations. As Albee (2000) reminds us, treatment of individual cases will not eliminate disorders. Mays (2000) echoes this opinion by observing that prevention practices across populations and communities are necessary because good mental health is often "beyond the control of individuals" (p. 326).

CONCLUSION

For prevention to achieve a more central place in counseling psychology, continued dialogue and action are needed on the perspectives presented in this series of articles and reactions. We hope that these are not the last words but an opportunity to build on previous prevention work to move prevention into the mainstream and forefront of counseling psychology in this new millennium.

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