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## Prevention for Child Mental Health: Scientific Promise to Practical Benefit

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### Introduction

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*It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illness in youth...Children are suffering needlessly because their emotional, behavioral and developmental needs are not being met by those very institutions which were explicitly created to take care of them (Report of the Surgeon General's Conference on Children's Mental Health, 2000).*

This appeal for national reform to bring preventive efforts to the fore in addressing children's mental health was made six years ago by the U.S. Surgeon General. He called for a mental health equivalent to the federal government's commitment to childhood immunization. A few years later, his views were echoed by the New Freedom Commission on Mental Health appointed by President Bush. Within the field of Psychology, two APA Task Forces examined the state of children's mental health care in this country and concluded that prevention, early identification, and early intervention must be cornerstones of any reform effort (Report of the Working Group on Child Mental Health, 2001; Final Report of the Task Force on Child Mental Health, 2004). And yet, the crisis in children's mental health care is still a too- well kept secret. Moreover, the pivotal role and the promise engendered in preventive efforts are under-recognized.

### Inside This Issue

**Introduction**  
*Karen Saywitz Ph.D., & Patrick Tolan, Ph.D.*.....Page 1

**Pathways to Effective Preventive Services**  
*Irwin Sandler, Ph.D. with Sharlene Wolchik, Sanford Braver, Nancy Gonzales, Tim Ayers, Vickie Smith-Daniels, Amy Ostrom & Mary Bitner*.....Page 3

**Fast Track Morphs into On Track: The Dissemination of a Conduct Prevention Program in Manchester England**  
*Donna-Marie C. Winn, Ph.D., Edwina Newal, Ph.D., John Coie, Ph.D. & The Conduct Problems Prevention Research Group*.....Page 7

**The John Hopkins Bloomberg School of Public Health Center for Prevention and Early Intervention**  
*Nick Ialongo, Ph.D.*.....Page 11

**Prevention as One Form of Developmental Intervention: Implications for Service and Training**  
*Patrick Tolan, Ph.D., Deborah Gorman-Smith, Ph.D., David Henry, Ph.D., & Michael Schoeny, Ph.D.*.....Page 14

## ◆ Child and Family Policy and Practice Review

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Over the last 25 years, disease prevention has become a national priority in policy, practice, and research. No one would endorse a public health system that made little effort to prevent heart and lung disease, ignoring risk factors like obesity and smoking, or failing to promote factors that protect against these diseases, like diet, exercise, or blood pressure medication. Similarly, we can no longer be satisfied with a mental health system where the standard is to wait until there is evidence of a diagnosable disorder and then refer children and families for treatment (Tolan & Dodge, 2005). Research indicates many mental health disorders in children and adolescents are preventable (see Weisz, Sandler, Durlak, & Anton, 2005). While the need for prevention is evident across the social strata of our society, the harm imposed by not applying capable preventive approaches disproportionately affects families of color or in poverty who experience grave disparities in access to care (e.g., Leong, 2001; Rollock and Gordon, 2000; U.S. Dept. HHS, 2001). Under the current system, less than half of children with mental health problems in this country actually receive treatment or services. Even then, only one in five receive treatment from a professional specifically trained to work with children or teens (Burns, et al., 1995). Unfortunately, we lack sufficient public awareness, public policies, political will, funding, infrastructure, and a trained workforce to realize a comprehensive national model for children's mental health that incorporates prevention as a major component.

This special issue is part of an ongoing effort within the field of Psychology to respond to the Surgeon General's call to action. These articles demonstrate the key role preventive science and services can play in solving the current crisis. This collection of articles provide a set of reports and perspectives on prevention efforts related to children's mental health, and the promise of this approach to promoting mental health. Readers less familiar with the field of prevention science will be impressed by the extensive programmatic efforts underway in schools, family courts, and community mental health clinics to bring prevention research into practice summarized in these papers. The articles address a wide range of topics in prevention science from the theoretical perspective guiding early intervention with at-risk populations, to issues of design and evidence of effects, to implementation, dissemination, and adaptation once evidence of benefits are established. The reports grow out of programs of research that highlight major advances in theory, design, program evaluation and intervention strategies. The collective presentation illustrates the rich and strong empirical literature supporting the potential of prevention.

Readers more familiar with recent advances in the field of prevention will appreciate the authors' incisive blueprint for shifting from scientific promise under laboratory conditions to practical benefits in the community. As these articles note, we need to be vigilant as empirically validated programs are implemented on a larger scale. These authors outline the kind of policy and research necessary to bridge the gap be-

tween efficacy and effectiveness so that there are palpable effects on the lives of large numbers of children and families in this country. These articles make it clear that public policies should emphasize the role of prevention and the promotion of healthy emotional, social, and behavioral development. They also suggest the need for greater attention to prevention and its scientific base in the training of psychologists working in areas related to children's mental health.

This special issue is one activity of the Interdivisional Task Force on Child and Adolescent Mental Health, a collaboration of eight APA Divisions, led by Division 37. These Divisions have joined together in a single voice to keep child and family mental health at the forefront of the organization's agenda and to help APA take a leadership role in a nationwide reform effort. Readers are encouraged to visit the Task Force's website on child mental health to learn more (<http://www.apa.org/pi/cyf/cmh/>) and to download talking points for advocacy on federal, state and local levels (<http://www.apa.org/ppo/issues/tftalkingpoints.html>). Our hope is that this special issue will help readers be informed and energized to incorporate preventive research, services, and approaches in their work as educators, consultants, administrators, service providers, and policy informants. We hope this might spur change within psychology and in interaction with others. We look forward to working with you on promoting these advances.

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## Pathways to Effective Preventive Services

**Irwin Sandler, Ph.D., with Sharlene Wolchik, Sanford Braver, Nancy Gonzales, Tim Ayers, Vicki Smith-Daniels, Amy Ostrom & Mary Bitner**  
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There is a need to rethink the pathways by which we develop and deploy effective prevention services for children and their families. The current dominant model describes a linked set of studies by which programs are developed and tested for efficacy under laboratory conditions, and the successful program is implemented as designed and tested for effectiveness in the real world. Following these studies the successful program is implemented widely to the population. Both community stakeholders and prevention scientists have expressed dissatisfaction with how this model is working. Many

## ◆ Child and Family Policy and Practice Review

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prevention scientists are concerned that the criteria for considering a program as effective are being compromised in response to the press for identifying programs to deliver. Further, prevention researchers have noted that it is a struggle to maintain fidelity of implementation of programs in natural service delivery settings. Community stakeholders express concern that research-based programs make unrealistic demands on organizational resources and do not necessarily fit the needs, values or priorities of local communities. The current paper describes several steps in a rethinking of the pathway to effective prevention services, which we have previously described in greater detail as the "Prevention Service Development Model" (Sandler, Ostrom, Bitner, Ayers, Wolchik, & Smith-Daniels, 2005). We discuss the need to reconceptualize the role of efficacy trials and effectiveness trials in the process of developing effective services and provide an illustration of the early stages in the development of a study of the effectiveness of a program with strong evidence of efficacy to improve outcomes for children following divorce, the New Beginnings Program (Wolchik, et al., 2002).

We see an efficacy trial as a test of the theoretical proposition that experimentally changing specific mediators (e.g., positive parenting, coping) will change developmental trajectories, leading to reductions in problem outcomes and increases in positive outcomes. In that sense, it provides several key pieces of information on: (a) the efficacy of behavior change technologies to affect mediators, (b) the likely effect on preventive outcomes given success in changing mediators, (c) possible limiting or enhancing conditions (moderators) of these effects and (d) longitudinal pathways by which these effects occur. In this sense, an efficacy trial provides information about the possibilities of changing developmental pathways to problem outcomes. Sometimes, these efficacy trials lead to findings with very positive implications concerning the potential possibilities for prevention. For example, several prevention studies are showing encouraging long-term effects of relatively brief prevention programs, effects that in some cases grow over time (Wolchik et al., in press; Hawkins et al., 2001; DeGarmo et al., 2004).

An effectiveness trial tests whether a program does more good than harm when delivered under real-world conditions (Flay, 1986). It is concerned with effective delivery of an efficacious program through a service delivery system that is embedded in an organizational context with its own mission, culture, policies, and reward structure rather than through a research center. The program serves the full range of clients that the organization serves rather than those that meet research-driven eligibility criteria. The evaluation of the program includes assessment of effects on the full range of outcomes that are of value to the host organization and stakeholders to whom it is responsible. It also includes assessment of factors that affect implementation, acceptance of the program by the targeted population, effects of the program across subpopula-

tions that are represented in the community, and the effects of context on program delivery and effectiveness. In short, an effectiveness trial is concerned with testing a program that is embedded within a service delivery system. An effectiveness trial that is based on a successful efficacy study builds from an understanding of the effects of changing specified mediators that were demonstrated in the efficacy trial. The effectiveness trial evaluates a potentially-sustainable system to deliver the behavior change program to the intended population within the context of a community-based organization. The real world conditions of community agencies will almost certainly require modifications in aspects of the program and its delivery (e.g., personnel who deliver the program, manuals, training and supervision, participant recruitment). A critical guiding principle for such changes is that they do not significantly alter core components (i.e., program components that account for change in the targeted outcomes). Critical components of the service delivery system include procedures to maintain high fidelity of implementation (i.e., training, technical assistance and ongoing assessment), approaches for identifying and recruiting clients (i.e., eligibility, recruitment procedures), and mechanisms for maintaining the support of the service delivery organization and key stakeholders. Designing such procedures requires preliminary research to better understand issues of implementation, recruitment and organizational context. Below, we present a program of research we are conducting at the A.S.U. Prevention Research Center to develop a system to prepare for an effectiveness trial of the New Beginnings Program (NBP), a parenting program developed at our Prevention Research Center that has demonstrated high levels of efficacy to prevent child problems following divorce (Wolchik et al., in press).

### *New Beginnings Program (NBP): Transition from Efficacy to Effectiveness.*

The NBP is a ten session behaviorally-oriented parenting program designed to change empirically validated risk and protective factors that predict child mental health problems following divorce. The program was designed to be delivered to the residential mother and has demonstrated positive impact to reduce child mental health problems in two randomized experimental trials (Wolchik et al., in press). The most recent trial demonstrated positive effects six years later to reduce diagnosed mental disorder, improve grade point average, reduce alcohol and drug use, and reduce high risk sexual behavior. Program effects were mediated by improvements in parenting (Tein et al., 2004) and were found to be strongest for children who were at highest risk at program entry (Dawson-McClure et al., 2004).

The first step in preparing for an effectiveness trial was to identify a real-world institutional partner. We identified the domestic relations court as our partner for four reasons. First, we had a twenty year history of working with the staff of the local court system in which they helped us identify families to participate in our efficacy trials and we helped them develop

programs for delivery at the court. Second, the domestic relations courts have access to the full population of divorcing families; divorcing families must go through the court to get a legal divorce. Third, there is a theoretical convergence of interests in promoting the best interests of children following divorce. Fourth, many domestic relations courts have been quite innovative in developing new programs for divorcing families, some of which (i.e., short, usually single session, parenting programs) are compatible with the objectives of the NBP. In considering the court as a possible institution to house the NBP, we addressed three questions: What was the level of court interest in implementing the NBP? What factors might affect the effectiveness of the NBP as delivered through the courts? How could the NBP be redesigned to adapt to the capacities, constraints and priorities of the court while preserving the core components that were responsible for its effects?

We conducted a national survey of domestic relations courts to assess the level of interest in the NBP and factors that might influence program delivery (Cookston et al., 2002). The survey was done with a stratified random sample of 154 courts that were most likely to have an interest in the program, those that were delivering short parenting programs. There were approximately 1561 counties providing such programs throughout the country. We interviewed a key informant in each court who was most likely to know about the courts' parenting program. We asked about programs the courts were currently offering and new programs that they were considering offering. Only a small minority of courts (12.6%) reported currently offering lengthy parenting programs similar to NBP, while an additional 16% reported considering adopting such programs. However, when asked directly about likely interest in adopting a lengthy parenting program such as NBP, broad positive interest across all stakeholders was reported (e.g., it was expected that 77% of judges, 71% of county supervisors, 87% of the State Supreme Court would favor such a program, while only a relatively small minority would oppose such a program). The two major barriers to program implementation were seen to be whether parents would attend and funding. This information confirmed our decision that the courts would be a viable collaborator for the delivery of the NBP.

The next question concerned the factors that might affect program implementation through the court. We identified three broad issues here: How do we recruit clients to participate in the program? What are the issues in having the court adopt and implement the program with high quality? What are the characteristics of clients and providers that might affect implementation of the NBP? We have just begun researching these issues and our plans and some initial findings are briefly presented below.

#### *How do we recruit participants to attend the NBP?*

In the survey we conducted of courts, attendance was identified as one of the two major potential barriers to court

adoption of the NBP. Because the NBP requires active participation of parents in terms of using the program skills at home, we believe that parents must voluntarily attend for the program to have its intended effects. We are conducting a study to experimentally test five alternative strategies for recruiting divorcing parents. Because many courts have short parent education programs for parents who are divorcing and who have minor children we identified these programs as an ideal setting for recruiting parents for the NBP. In collaboration with an expert on the social psychology of compliance (Bob Cialdini), we developed five different approaches to inviting parents that could be presented during the parent education program. One approach is a 12 minute video that uses principles of social psychology to present the invitation in a way that would motivate parents to attend. In the second video, parents examine their own concerns about their children and are provided information about how NBP benefits children on this dimension (e.g., improving academic performance). In a third video, after completing a measure of constructs that we found to moderate the effects of NBP, parents are provided feedback that those who checked off more items on this measure are likely to obtain the greatest benefits from the NBP. A fourth video provides parents with information about the NBP without employing any of the motivation enhancing strategies and a fifth condition provided the same information about the NBP in a pamphlet rather than a video. We will conduct a randomized trial of these five conditions to identify the one that is most effective in recruiting parents, particularly those parents who are most likely to benefit from participating.

#### *What are the issues in having the court adopt and implement the program effectively?*

We developed an Advisory Board consisting of professionals from around the country who were experienced in the courts and represent the perspective of multiple decision makers, including judges, court administrators, service providers, conciliation services and the director of a national multidisciplinary organization of family court professionals. The Advisory Board members agreed to provide us advice and feedback in our planning for the effectiveness trial of the NBP. As part of this process, after becoming familiar with the nature of the NBP and the findings from the efficacy trials, they participated in a focus group to identify issues that might affect court adoption and implementation of the NBP (Smith-Daniels, Sandler, & Wolchik, 2006). They identified 65 issues that might impact adoption, which were then placed in six categories and rank ordered in terms of how much they would impact court adoption decisions. The category ranked as most important involved how much implementing the program would require of court resources; and the second most highly ranked category was the degree to which the program was seen as meeting the needs of the families served by the court. The members identified 79 issues that might affect quality of implementation, which were placed into six categories and rank ordered by the Advisory Board. The three most important factors were staffing of the

## ◆ Child and Family Policy and Practice Review

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program (including monitoring of implementation), ongoing and continuous feedback from stakeholders and consumers, and training and motivation of program providers. This information will be invaluable in modifying the program to be appealing to the court for adoption and to design the training and technical assistance components to enhance the likelihood that the program will be effectively implemented.

*What are the characteristics of clients and providers that might affect implementation of the NBP?*

The experimental evaluations of the NBP included divorced mothers (primarily non-Hispanic white) who were the primary residential parents, and did not include the broad range of parents who are represented in the population seen by courts. The court serves fathers as well as mothers and large numbers of ethnic minority families. Programs that are not inclusive of the populations served by real-world settings such as the court, are not viable as services. Although we believe that the NBP should be beneficial for fathers and ethnic minority parents, we have no evidence to support this belief. We are taking two steps to respond to this need to adapt the program for a more diverse population. First, with the advice and input of experts on cultural issues (under the leadership of Nancy Gonzales) and fathers (under the leadership of Kathy Doyle), we are making program adaptations to make it compatible with the style and needs of fathers and two ethnic minority populations (Hispanics and African Americans). For example, we are changing some of the rationales for the program skills and examples used to teach skills. It is important to note that significant changes are not being made in the content of the program and that the adaptations preserve the core components (components of the program that address the mediators of the program effects on mental health and social adaptation outcomes of the NBP). We are conducting pilot tests of the revised program with these populations and running focus groups with the participants to assess how well the program met these families' needs. A second step is to design the effectiveness trial to obtain a sufficient sample of ethnic minority families and fathers to allow sufficient power to assess program effects on children in these subgroups.

In the experimental trials, the NBP was delivered in our research center under the direction and supervision of the program developers. In real-world settings, the NBP will be delivered by conciliation services of the court or community agencies under an agreement with the court. The level of supervision and training provided in the trials very likely far exceeds what is practical for these agencies. In response to this constraint, under the direction of our colleague from the school of business (Vicki Smith-Daniels) we are employing methods (derived from quality management) used in business to develop products and services that can be delivered at scale with consistent and high quality in diverse settings. These methods involve obtaining information from the consumers (families, service providers, service provider agencies) concerning factors

that would impact program delivery and engaging in an iterative process of program redesign to address these factors. The process will culminate in a modification of the NBP that retains core components but is adapted to the needs and capacities of the agencies (Smith-Daniels, Sandler & Wolchik, 2006).

*Concluding comments.*

We have described the early steps of a work in progress to prepare for an effectiveness trial to bridge from studies that have demonstrated the efficacy of a program for divorced mothers to an effective service delivery system to bring this program to the population for whom it is intended. The steps described are preparatory for a multi-site effectiveness trial to experimentally test the viability and effectiveness of the designed preventive service delivery system. We believe that this approach, if successful, will satisfy the needs of the service delivery system for preventive services that are viable in their world, and of the community of scientists who demand that programs provide strong evidence of effectiveness.

### Footnotes

<sup>1</sup> This research was supported by an Advanced Center for Intervention and Services Research grant from NIMH (#P30 MH068685-01)

<sup>2</sup> It should be noted that a strong effectiveness trial can also be conducted of a program that was generated by local communities, but that has not been evaluated via rigorous efficacy studies. The research questions change somewhat in this case because less is known about the linkage between the intervention, mediators and outcomes and more is known about the service delivery system than in the traditional case where the effectiveness trial builds on a successful efficacy trial.

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situations including the role of coping, control beliefs and parenting. His research focuses on the development and evaluation of interventions to prevent mental health problems for children

in stress. His research has been based on linking theory about sources of resilience for children in stress with the design and evaluation of preventive interventions. Following this model, he has conducted a systematic program of research on the development and evaluation of prevention programs with children of divorce and parentally bereaved children. The research has demonstrated the efficacy of these interventions in randomized trials, with the effects lasting up to six years following the intervention. His most recent research involves developing and testing systems to deliver evidence-based prevention programs in community settings, such as the Family Court.

## Fast Track Morphs into On Track: The Dissemination of a Conduct Prevention Program in Manchester England

**Donna-Marie C. Winn, Ph.D., Edwina Newall, Ph.D.,  
John Coie, Ph.D. &  
The Conduct Problems Prevention Research Group**

This paper describes the way a randomized clinical trial of an evidence-based prevention program conducted at four sites in the United States came to be implemented with fidelity and success in Manchester, England. First, we describe the developmental model on which the program was based and describe the program components and initial outcomes. Next, we describe how the initial outcomes of this project led to the adoption and implementation of the program in Manchester. This is followed by a description of some initial results by an independent evaluation team, and finally we provide brief commentary on the key factors that seemed to contribute to this successful dissemination. Hopefully, this case study may serve as a guide to others interested in bringing prevention research into community practice.

### *A Developmental Model of Childhood Conduct Problems*

Fast Track is a multi-component program designed to prevent the development of persistent and severe behavior problems in children. Each component of Fast Track was based on a model of developmental theory and longitudinal research that identifies risk factors commonly predictive of early onset and chronic conduct problems (Conduct Problems Prevention Research Group (CPPRG), 1992). Because these risk factors occur across locations (home, neighborhood, and school), agents (child, parent, and teacher), and childhood and adolescence, the Fast Track program involves components that target home and school, children, parents and their teachers across the 10 year period, beginning in first grade (see CPPRG,

## ◆ Child and Family Policy and Practice Review

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1992 for further details).

### *Description of Fast Track Components*

Given the need for a comprehensive strategy to prevent the emergence of chronic conduct problems, the Fast Track program incorporates seven major program components designed to have a cumulative and coordinated impact on the significant risk and protective factors identified in the developmental model. First, a version of PATHS, the Promoting Alternative Thinking Strategies curriculum (Kusche and Greenberg, 1994) was adopted for classroom use in the targeted schools. PATHS is composed of successive years of curriculum designed to teach children social skills (i.e. emotion regulation, empathy, anger management, and problem solving). Second, PATHS was coordinated with a child-focused component consisting of small group (5-6 children per group) activities designed to promote healthy friendship skill development by teaching children how to initiate friendships, cooperate, negotiate, and manage conflict (see Bierman et al., 1996 for further details).

Children were also given additional opportunities to master social skills in weekly guided play sessions with a peer. These peer-pairing sessions were designed to help children experience social success and immediate, supportive feedback to improve their social skills. Finally, children were also tutored three times a week in reading skills using a phonics-based curriculum (Wallach & Wallach, 1976).

Fast Track also sponsored parent groups that focused on promoting positive family-school partnerships, helping parents learn self-control and anger management, teaching parents developmentally appropriate expectations and child behavior management strategies (see McMahan, Slough, & CPPRG, 1996, for further details about the parent-focused programs). The skills taught in these parent groups were reinforced during individualized, frequent home visits by Fast Track staff. Finally, parents and children were brought together in sessions that were designed to help both the children and parents practice the skills they were learning elsewhere in Fast Track. These 30-minute Parent-Child Sharing Sessions offered families the opportunity to interact positively, and showcase their newly learned skills and commitment to their children's behavioral and academic success (see McMahan et al., 1996 for further details).

### *Initial Fast Track Results:*

In order to test the effectiveness of the program, Fast Track employed a randomized clinical trial in which there were program participants (intervention group), and non-participants (control group) coming from different sets of schools of similar composition and randomly assigned to condition. Initial outcomes of Fast Track at the end of the first year of intervention included moderate but significant improvement in behavioral, academic, social, and emotional skills for the program partici-

pants as compared to the control group. By the end of first grade, high risk children who participated in the Fast Track program scored higher on reading skills, emotion recognition and understanding, and social problem solving tests than high risk children in the control group (CPPRG, 1999a). This same study also revealed that the program parents rated themselves as being more involved in their children's school, having more improved parenting skills, and using less physical discipline than parents of non-participants. Analyses undertaken at the classroom level to evaluate the universal level of prevention activities revealed that, in classrooms receiving the intervention, children showed significantly lower levels of hyperactive-disruptive and less aggressive behavior, as indicated by classmate nominations, than children in control schools who did not receive the universal intervention (CPPRG, 1999b).

Because of these initial positive findings, Fast Track was approached by agencies and schools interested in the possible dissemination of the program. Since Fast Track began, there have been several dissemination trials of Fast Track, both in the United States and Canada. This paper describes the process of disseminating Fast Track in Manchester, England only. We will highlight details of the process that led to Manchester becoming a dissemination site, the process of recruiting and training staff, the implementation of the program, and the initial results of this dissemination.

### *Implementation Process for a Manchester Application of Fast Track*

In 2000, the Home Office, the governmental body responsible for implementing programs to reduce crime in the England, introduced the On Track initiative. This initiative funded 24 projects in "high crime, high deprivation" areas that were to use evidence-based early intervention and prevention programs in order to reduce adolescent criminality. In addition to providing funding to 24 sites to implement programs, the Home Office simultaneously established an independent team of evaluators to uniformly measure the outcomes of all On Track funded initiatives. To help familiarize potential applicants with evidence-based programs, the Home Office held a national conference to showcase the programs it felt had been proven effective. Fast Track was one of the programs showcased. The city of Manchester selected Fast Track to include in its proposal in part because of Fast Track's focus on working with children, parents, and schools together (see Newall, 2005 for further details).

In early 2001, the city of Manchester (lead by the On Track Coordinator and primary contact) and representatives from Fast Track undertook a series of extensive discussions to explore the feasibility of implementing the program in Manchester and to provide Manchester representatives with a fuller understanding of Fast Track's philosophy, aims, and methodology. Manchester representatives drew on their network of existing collaborations to identify relevant and appropriate part-

ners and promote interest in working together by forming a multi-agency Fast Track-Manchester review team. These discussions culminated in a 3-day visit by a Fast Track Principal Investigator to present details of the program and describe the commitment that would be necessary to implement the program with fidelity. At that time, visits were made to several schools that were interested in implementing the program and some discussions were held about the potential adoption-related program modifications necessary for effective implementation. Potential partners were given the opportunity to ask questions about the program. Over the course of 6 months, these discussions led to one elementary school being chosen to implement Fast Track with a group of 6 targeted children and their families in each of the two 5- to 6-year-old classrooms in the school. Fundamental to the initial implementation and subsequent success was the fact that key school personnel shared the Fast Track philosophy that focused on working systematically to improve children's academic success by attending to children's social and emotional development at home and school.

#### *Recruitment and Training Staff*

In order to implement Fast Track at this school, two full-time staff (one Education Coordinator and one Family Coordinator) were needed to implement the program in collaboration with school administration and classroom teachers. Experienced Fast Track trainers from the U.S. assisted in the identification of skills required of persons to be selected for these staff positions. Once chosen, site staff received training from the experienced Fast Track trainers in three multi-day training sessions scheduled over a 9-month period. Each training session contained information about program content and methods of implementation, along with strategies for handling problems in implementation. Throughout the training, trainers tried to brainstorm with trainees about the best ways to maintain program fidelity while making sufficient program modifications to fit within the particular context of the host school. Regular phone consultation was conducted across the school year between Fast Track trainers in the U.S. and the staff in Manchester. A major focus of this consultation was on the fidelity of implementation to the original program.

#### *Implementing Fast Track and Fidelity: Evaluation Results*

Reading tutoring was the only major component of Fast Track that was omitted from the Manchester application of the program. This was because, in England, almost all 5-year-olds have the reading readiness skills the program emphasizes, so tutoring would not have been a good use of program resources.

An independent evaluation by On Track of this implementation was conducted in academic year 2004 to 2005, and included the first four groups of children involved in the program. The evaluation involved detailed interviews with the targeted children, their parents, the Head Teacher, and the

teachers and staff involved in administering the program.

The evaluation showed that the Fast Track Manchester site implemented the program with a high degree of fidelity. Fidelity of implementation seemed to result from the combination of initial emphasis placed on fidelity during training, ongoing supervision and monitoring, and the diligent and conscientious approach of those implementing the program in Manchester. The Manchester site infused problem-solving strategies throughout the school and surrounding recreation areas, and teachers almost always conducted the prescribed number of classroom-based social skills sessions.

#### *Evaluation Outcomes*

Overall, the results of the Fast Track Manchester independent evaluation have been promising. Results of the evaluation of 22 targeted children in Fast Track Manchester indicated that these children had higher expectations of success, increased ability to complete schoolwork, and improved ability to seek advice or help when they were angry. Parents showed improvements in their positive attachment to their targeted children, improved ability to manage their children's behavior, and improved relationships with the school. Teachers reported improved relationships with parents, fewer inappropriate children's behaviors, more effective discipline strategies employed by parents, and increased academic achievement by the children (see Doherty, Price, Foster, Harries, Doherty, & Barrow, 2005a for further details).

In summary, this example of dissemination of an empirically tested program for implementation suggests that success can occur, particularly when there is careful evaluation of the readiness of the dissemination site by both parties, ongoing staff training and monitoring of program fidelity, and the unwavering commitment of the dissemination site to significantly improve the behaviors of students in their care. As the On Track Coordinator has often noted, Fast Track-US was "not new work for us, but a new way of working" that fit the ethos of the Manchester site (E. Newall, personal communication, August 1, 2006).

#### **Footnotes**

<sup>1</sup> Donna-Marie Winn, Center for Social Demography and Ethnography, Duke University; Edwina Newall, Manchester, England; John Coie, Psychology and Neuroscience, Duke University, and the Conduct Problems Prevention Research Group (CPPRG). Members of CPPRG in alphabetical order include Karen Bierman (Pennsylvania State University), John D. Coie (Duke University), Kenneth A. Dodge (Duke University), Mark T. Greenberg (Pennsylvania State University), John E. Lochman (University of Alabama), Robert J. McMahon (University of Washington), and Ellen Pinderhughes (Vanderbilt University). We gratefully acknowledge the fun-

## ◆ Child and Family Policy and Practice Review

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ders of Fast Track (National Institute of Mental Health, Center for Substance Abuse Prevention, Department of Education, the National Institute of Drug Abuse, and the United States Department of Education Safe and Drug Free Schools Program) and Fast Track-Manchester (the Home Office of the United Kingdom). We extend special thanks to our team of interventionists, program administrators, school personnel, and trainers who implemented the program with such fidelity. Most importantly we thank the families who have graciously participated in the program and believed that partnering with us could improve their children's success in school. Address correspondence to Donna-Marie Winn, Center for Social Demography and Ethnography, 2024 W. Main Street, Erwin Mill Building, Suite A116, Duke University, Durham, NC 27708-0420, e-mail address: dmcw@duke.edu.

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## The John Hopkins Bloomberg School of Public Health Center for Prevention and Early Intervention

Nick Ialongo, Ph.D.

The Johns Hopkins Bloomberg School of Public Health

Recent research reviews and reports on efficacy studies document the growing number of preventive and other interventions that either reduce the onset of common mental disorders or decrease the duration and disability of initial episodes of these disorders (Burns et al., 1999; Burns et al., 2002; Coie et al., 1993; Greenberg et al., 1999, 2001; National Institute of Mental Health, 1998). Federal initiatives, such as the Safe Schools/Healthy Students demonstration program and the Safe and Drug Free School Program, require that applicants use empirically validated, effective models of intervention for children and families. Despite the large number of efficacy studies that demonstrate that common mental disorders can be prevented or their consequences greatly reduced when treated early, few research studies examine (1) the extent that efficacious programs exhibit equally positive outcomes when implemented in natural service/treatment settings, (2) how dosage and quality of implementation affect outcomes, (3) how different program models and training strategies affect outcomes, and (4) the conditions necessary for successful program outcomes in natural settings with local ownership of the intervention process (Mrazek & Haggerty, 1994). The next challenge facing prevention and intervention scientists is to help the consumers put "proven programs" into place effectively so that they reproduce the outcomes shown when they were first developed and evaluated. The Johns Hopkins Bloomberg School of Public Health Center for Prevention and Early Intervention seeks to respond to that challenge.

The Center for Prevention and Early Intervention is a collaborative effort between the JHU Bloomberg School of Public Health and our community partners in prevention and early intervention and prevention and early intervention researchers at Morgan State University (Drs. Dorothy Brown and Warren Rhodes), Pennsylvania State University (Drs. Mark Greenberg, Celene Domitrovich, Vittal Prabhu), the University of California at Los Angeles (Dr. Bengt Muthen), the University of Alabama (Dr. John Lochman), Columbia University (Dr. Kimberly Hoagwood), New York University (Dr. Chris Lucas) and Stanford University (Dr. Booil Jo). The Center is supported by National Institutes of Mental Health and Drug Abuse.

The Center is in the process of developing and subsequently evaluating the effectiveness of an integrated approach to prevention and early intervention in the elementary school

setting. This integrated approach features the nesting of indicated and treatment interventions within a universal preventive intervention. The goal of this nested approach is to seamlessly link children who do not respond to the universal intervention to indicated preventive interventions or treatment services.

Our school-based intervention work features the pilot testing of the combination of complimentary, evidenced-based, universal interventions in elementary school settings. We are also pilot testing the nesting of indicated and treatment interventions in the school-based universal interventions. The indicated interventions will be targeted at the children who are sub-syndromal (falling just below the threshold number of symptoms/behaviors to meet full diagnostic criteria for disorder) and have not responded to the universal interventions, whereas the treatment interventions will serve the needs of children who meet diagnostic criteria for disorder.

The Center's pilot and feasibility work is being carried out in three phases. Consistent with Hohmann and Shear's (2002) treatise on community-based intervention research, and the work of Shinn and Toohey (2001), Phase 1 consists of the following: 1) Meeting with the leaders of the institution wherein the intervention or assessment work is to be based and establishing the relevance of the proposed work to the needs of the institution and the population it serves. 2) Establishing the feasibility of conducting the intervention and its evaluation within the chosen setting. 3) Determining the acceptability of the proposed intervention by the institution and its members involved in implementation, as well as the targeted individuals in the community. Under the heading of acceptability is a consideration of whether the interventions are culturally appropriate and whether the costs of the interventions will be justified by their benefits. 4) Establishing the relevance of the outcome assessment to the institution and the population it serves. 5) Identifying the organizational structure(s) within the institution responsible for implementing and maintaining services and programs, which are most consistent with the nature and goals of the interventions; 6) Determining the mechanisms and organizational structures and resources necessary for the interventions and assessments to continue, if successful, after the research is completed.

The Phase 2 work includes reviewing data collected from focus groups during Phase 1 and then, based on this feedback, refining the intervention and assessment protocols. Subsequently, a pilot test of each intervention and assessment component is carried out with a small number of participants, classrooms, or homes. Pre- and post-test assessments are conducted on the key outcomes measured, as well as data on intervention implementation fidelity and the barriers to implementation/participation. Focus groups are used to obtain feedback on ways to improve the intervention and parent involvement protocols.

## ◆ Child and Family Policy and Practice Review

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The Phase 3 work uses the findings from Phases 1 and 2 to refine the training, supervision, implementation, and intervention protocols. Subsequently, a pilot study of each of the intervention and assessment components is carried out with a larger number of participants, classrooms, or homes. A control or comparison condition (school, center, or group) is added to detect between and within group change. As in Phase 2, focus groups are held with participants and interveners to determine the need for further refinements in the protocols. In addition, the Center economists are asked to conduct cost benefit analyses for each of the initiatives. Once the refinement of the protocols has been completed, and if together with our community partners we judge the intervention effect sizes/benefits relative to the costs to be promising, grant applications for large scale effectiveness studies will be submitted.

The overall aim of our multi-phase pilot and feasibility efforts is to design “from the start interventions that are likely to be disseminated, adopted, implemented, and maintained by our community partners” (Hoagwood & Johnson, 2003). As described by Rogers (1995), dissemination refers to the process by which effective innovations are spread or distributed, adaptation refers to the decision process by which organizations decide to use an innovation, implementation refers to the degree which the program is delivered with fidelity to its’ original design, and maintenance refers to how a program is institutionalized over time. Consistent with the recommendations of Weisz and Weersing (1999), Hoagwood & Johnson (2003), and the National Institute of Mental Health’s Advisory Council (Blueprint for Change: Research on Child and Adolescent Mental Health, NIMH, 2001), the major focus of our pilot and infrastructure efforts will be on attending to the characteristics of the practice (school) setting (e.g., target populations, practitioner behaviors, organizational variables, etc.) to accelerate the pace at which the science base for mental health services can be developed, adapted, refined, and taken to scale...” (Hoagwood & Johnson, 2003) The goal in doing so is that “...the end product — a scientifically valid treatment or service — will be grounded, useable, and relevant to the practice context for which it is ultimately intended” (p. 15, Hoagwood & Johnson, 2003). In line with Ringeisen, Henderson, and Hoagwood (2003) and Hoagwood and Johnson (2003), “...engagement of stakeholders early and throughout the process of research implementation” (p. 15, Hoagwood & Johnson, 2003) is an integral part of the Center’s multi-phase pilot and infrastructure efforts. These efforts should ultimately serve to facilitate the adoption, implementation and maintenance of the Center’s intervention and assessment initiatives by our community partners.

The multi-phase pilot and feasibility study process we described above is designed to foster an active collaboration on the part of Center faculty and community partners to insure that the Center’s intervention and assessment initiatives are culturally sensitive, developmentally appropriate, relevant, and do

not place undue burden on participants. The bringing together of Center faculty and our community partners in such a collaborative endeavor is consistent with the recommendations of Dryfoos (1990), Janz et al. (1996), Fuchs & Fuchs (1998), and the American Psychological Association (APA, 2003) guidelines on multi-cultural education, training, research, practice, and organization change for psychologists.

As an example of the multi-phased process described above, among the questions our pilot and feasibility studies are designed to address is whether it is feasible for resource strapped public schools to provide universal parenting workshops as featured in the Center’s proposed universal family-school partnership intervention. Principals, teachers, and school mental health professionals are being asked in individual interviews and focus groups to provide feedback as to the feasibility of providing universal parenting workshop given the resources available with respect to staffing, intervention materials, training and supervision, space, and time for such workshops. Feedback is also being elicited from parents in terms of whether it is feasible for them to attend such universal workshops. Among the feasibility issues being identified by parents are the need for child care and transportation and for the workshops to be offered at times that reflect their work schedules and parenting responsibilities. As indicated above, where barriers to feasibility are identified, feedback is being elicited from parents and school system administrators and mental health professionals on how to resolve these issues. Indeed, to that end, we are currently developing with parents a survey that elicits their feedback as to their interest in attending parenting workshops, the maximum number of workshops they would attend, the topics of interest to them, the ideal length of the workshops, what days of the week and times they could attend, and whether they would need child care, transportation, and meals. The data collected from this survey will then be used to design the parenting workshops employed in our Phase 2 pilot efforts, where we will then again elicit feedback from our community partners (school principals, teachers, school mental health professionals, and parents) with respect to feasibility and burden. In addition, we will seek their feedback on the cultural sensitivity, developmental appropriateness, and relevance of the workshop materials and mode of presentation. All the feedback obtained in Phase 2 will then be used to refine and revise our intervention protocols for our Phase 3 work.

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## Prevention as One Form of Developmental Intervention: Implications for Service and Training

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The potential of prevention to substantially improve the status of children's mental health remains a matter of some debate among psychologists because of uncertainty about the plausibility of implementation of empirically tested programs (Levent, Tolan, & Dodgen, 2002). While few would suggest that prevention is not an appealing idea or that the conceptual basis, that early intervention prior to the full formation of pathology is preferable, there is a need for understanding how preventive research can be translated into practice. Moreover, there is need for research on how efficacy trials can be moved to effectiveness demonstrations, or promise can be translated into demonstrable utility (Flay, 1986). The present paper describes one such effort by the Families and Community Research Group at the Institute for Juvenile Research (IJR). This group is a collaboration I have had with Drs. Deborah Gorman-Smith and David Henry for the past 15 years, with the addition of Dr. Michael Schoeny in the past 5 years. While this core group has worked together on several prevention trials and a related longitudinal risk study, we have also engaged in collaborations with many other prevention and clinical scientists within IJR and at other institutions over that time. Over that time we have had the opportunity to learn about the many challenges in formulating a plausible prevention effort and in moving that from idea to trial to utility by others. We provide here a description of one effort, called SAFEChildren (Schools and Families Educating Children) project, that illustrates some of the key issues in attempting to use a science-based approach to such work. Our hope is the implications may be more general and informative about how prevention can be a key part of children's mental health as an effort by psychologists. Most essentially, we think prevention, like all interventions for children, are attempts to influence development and alter trajectories that might occur otherwise (Tolan & Gorman-Smith, 2002). Thus, while prevention has particular features and potential that differentiates it from treatment or other interventions, it shares a common set of premises, research and evaluation features, and practice and policy implications with these other approaches to modifying development (Weisz, Sandler, Durlak, & Anton, 2005).

### *The SAFEChildren Project*

SAFEChildren began as a second generation prevention project by our group, building off lessons learned in the Metropolitan Area Child Study (Metropolitan Area Child Study Research Group, 2002). As with the prior randomized prevention trial, the approach was grounded in a developmental-ecological perspective that emphasizes age and setting-related conditions and events that might protect families against risk factors like high levels of poverty and crime. (Tolan & Gorman-Smith, 2002). While the Metropolitan Area Child Study shared a developmental understanding of risk and focused on children and families residing in impoverished communities, inclusion in the family components was based on elevated child aggression. Much of the interventions focused primarily on factors thought to elevate risk for aggression of individuals. This was a shift to focus on neighborhood and ecological factors that might promote healthy development in a high-risk setting. In particular, we emphasized helping families manage the developmental and situational challenges of inner-city life while raising young children, with the intention to help support and promote parenting that could aid in the success of the universal transition into first grade (Gorman-Smith, Tolan, Henry, Quintana, Lutovsky, & Leventhal, 2007).

Accordingly, SAFEChildren consisted of a 22-session family intervention attempting to help inner-city parents manage the transition of their children into school accompanied by 20 sessions of academic tutoring for children. This program was delivered to a randomly-selected sample of 55% of all incoming first graders and their parents in seven schools serving high-crime and high poverty neighborhoods in Chicago. As reported in a prior publication, the intervention had good participation (e.g. 84% of those solicited) and evidenced at one year follow-up modest but significant effects for academic achievement and parental school involvement for all participants (Tolan, Gorman-Smith, & Henry, 2004). Broader and more substantial effects were found for those families evidencing higher pre-intervention risk based on parenting practices and for children evidencing higher pre-intervention risk based on elevated externalizing problems scores. Thus, in a random-assignment trial we found general improvements related to school achievement and adjustment and for families with poorer parenting capability at the outset we found benefits for parenting skills and additional child behavior benefits. Similarly, for children with elevated behavior problems at the outset, at one year after intervention they showed significant reductions in aggression and gains in concentration (Tolan, et al., 2004).

The trial was undertaken as one of ten random assignment trials meant to provide developmentally related tests across the age range from pre-school to adolescence (see Tolan, Szapocznik, & Sombrano, 2007 for a compendium from that initiative). As such, this was an undertaking in which prevention efforts moved from single trials to coordinated concep-

tualization and measurement strategies. Thus, we had the opportunity to engage with colleagues in deliberations about theoretical and practical issues, all within a framework of interventions as attempting to affect development. In addition to the effects on the research conducted, one outcome was a volume meant to translate the intervention implementation procedures and organization into user-friendly chapters within an overall developmental-ecological perspective (Tolan, et. al, 2007).

In most of the programs tested within this collaboration, a growth modeling approach to intervention evaluation was applied. This means that effects are measured by variation in growth pattern for key markers of functioning (outcomes) between the intervention and control groups. The difference can be in rate, shape, or pattern of growth or in level at a given time (McArdle & Epstein, 1987; Tolan, 1999). For example, in SAFEChildren, we found that participants increased reading ability at a quicker rate than those of controls, even though the growth pattern looked similar and was rapid for both (as reading attainment is in first grade). In another outcome, parental involvement in school, we found that the effect was one of differential growth. While parents in the intervention retained a level of involvement occurring at their child's entry into school, by the middle of second grade parents in the no-intervention control group had precipitously decreased involvement. The developmental effect was to retain a protective factor that otherwise, in these settings, diminished quickly to a minimum. For parental monitoring (a key protective factor), we found that while initially there were few differences between high-risk control and intervention parents, there was an increasing gain in use of monitoring by these intervention families, such that by follow-up they exhibited significantly higher use of this important skill. These variations, revealed because of a developmental approach to modeling growth differences, illustrate that intervention effects, whether preventive or not, can be well-characterized as influences on development that would occur otherwise. Moreover, that the effects may continue, diminish, or even increase post-intervention as development proceeds (Tolan, 1999).

Because the developmental-ecological approach to intervention includes an emphasis on the setting characteristics and processes that might affect development, we also undertook to evaluate how neighborhood characteristics might affect the relative impact of SAFEChildren. In a series of analyses designed to test the relative importance of economic characteristics versus informal social processes such as safety or neighbor involvement, we found a relation of intervention effects to neighborhood social processes, with more benefit related to more involvement with neighbors. Notably this effect was for the high risk children and families, not a general effect (Gorman-Smith, Reardon, Tolan, Schoeny, & Henry, 2007). These results lend credibility to the understanding that interventions for children's mental health need to be evaluated with consideration of the ongoing influences on the development of

the child. The level of benefit and perhaps the processes can vary as a function of neighborhood and community, and probably other systems influencing development.

#### *Further Developmental Intervention-Based Applications*

This initial efficacy trial has been the basis for additional attempts to research from a developmental intervention approach. For example, a second or booster version was developed that used the same family group approach and child reading (replacing tutoring with a reading club for fourth grade). In that version, the topics and methods in the family groups were focused on the coming adolescent years, including parenting as children are out in the community more, peer influences, and changes in school expectations as children get older. Initial results suggest the booster is beneficial (Tolan, Gorman-Smith, Henry, & Schoeny, 2007). We have now attempted to translate this approach to intervention to treatment and through a prevention effectiveness trial.

Over the past three and half years, in a collaboration with the Disruptive Behavior Disorders clinic within the Institute for Juvenile Research we have been adopting this approach for families with children with Disruptive Behavior Disorders. While there are important differences in the engagement basis and the extent to which content focuses on evident disorder and associated family problems, much of the intervention approach and processes seem very similar. Thus, while there are differences in this family treatment application from the family prevention applications, there are many similarities, with our major impression that when viewed as developmental interventions the similarities are more prominent and the conceptual approach clearer (Tolan, 2002).

We have extended this view in undertaking collaboration with community mental health centers to carry out an effectiveness study of SAFEChildren. These centers are serving the same communities where we undertook the initial trial, using the developmental influence conceptualization of intervention. This seems to help clinical staff to understand prevention, and, we believe, will in turn influence their clinical work to be grounded more in affecting development rather than symptom diminishment primarily. Moreover, the ecological considerations incorporated into a manualized approach seem to challenge a presumption that such situational considerations can only be approached as they arise in family presentation of current issues. This is similar to commentary we received from those in the Disruptive Behavior Disorders clinic when we first started translation and implementation of the prevention-based approach to the clinic clientele.

#### *Implications for Prevention and Children's Mental Health*

While only one example this illustration uses the SAFEChildren program to suggest the potential value for prevention as an important component of advancing children's mental health (see Tolan & Dodge, 2005). However, this arti-

## ◆ Child and Family Policy and Practice Review

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cle is also meant to illustrate how the developmental influence approach to conceptualizing intervention may bring due consideration of prevention for our work as psychologists interested in children's mental health. This approach can integrate developmental conceptualization and research into intervention design and aid not only in better prevention, but perhaps in better intervention overall. At minimum, it is our view and hope, that such an approach can increase the linkage between the interests in treatment and in prevention to improve the quality, valuing, and impact of both.

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## Faculty Position

Arizona State University  
School of Social Work  
Faculty Position in Southwest Borderlands Latino/Latina Health

Applications are invited for an open-rank, tenure-track faculty position in the area of Southwest Borderlands Latino/Latina Health. Arizona State University is strongly committed to strengthening its scholarly and instructional expertise relevant to the regional needs and changing demographics of the Southwest Borderlands, and to building a faculty that is fully reflective of the Southwest Borderlands diversity.

Candidates must have an earned doctorate in a social work or a health-related field (e.g., epidemiology, public health, health policy, mental health), a strong commitment to improving Latino/Latina health, competence to teach at the Bachelors, Masters and PhD levels, appropriate to rank; and a commitment to research, scholarly publications, appropriate to rank; and preparation of research proposals for external funding in the area of Latino/Latina health. Experience, expertise and/or familiarity with the Southwest Borderlands area and Spanish are especially desirable. An MSW is preferred, but not required. Applicants at senior ranks are expected to have a demonstrated record of research productivity, external funding for research, teaching excellence, and graduate student mentorship.

Arizona State University School of Social Work is a vibrant community of scholars that is committed to creating a racially and culturally diverse faculty. The School's curriculum, research, and community partnerships emphasize understanding and respect for the unique social, political, and cultural diversity of the Southwest. The School is comprised of an interdisciplinary faculty that provides an intellectually stimulating, collegial, and supportive environment for conducting cutting edge research and curricular innovation. It is home to the NIH/NIDA-funded Southwest Interdisciplinary Research Center that conducts research on prevention of substance use and HIV/AIDS, particularly among Latino populations; the Office of American Indian Projects, which works with tribal governments and urban Indian agencies in such areas as child welfare services and staff development; and the Office of Latino Projects which focuses on enhancing Latino well-being in the borderland regions and increasing the bilingual social work workforce. The school engages in collaborative projects across the State of Arizona and is an active participant in the increasingly diverse urban and community life of Phoenix.

Arizona State University, with a student population of more than 60,000, is located on four campuses in the Greater Phoenix area. The School of Social Work is located on the Downtown Phoenix Campus. The Phoenix metropolitan region is the fastest growing in the United States with a current population of about 4 million. Approximately one-fourth of Arizona's residents are Hispanic, and this proportion is rapidly growing. ASU is pursuing a serious strategy of social embeddedness, has instituted a progressive plan for educational access and student financial support, and is intent on increasing excellence in all areas. The Southwest Borderlands hiring initiative is one of these strategies.

Salary is commensurate with qualifications and experience. Early application for this unique position is advised. Candidates must submit a vitae, names and addresses of three professional references, a statement of research agenda, and no more than two samples of written/published material to:

José B. Ashford, PhD.  
c/o Ms. Nancy Schlicht  
School of Social Work  
Arizona State University  
MC 3920, 411 North Central Ave, Suite 800  
Phoenix, AZ 85004-0689  
<http://ssw.asu.edu/>

## Symposium

2007 National Symposium on Family Issues

Work-Life Policies that Make a Real Difference for Individuals, Families, and Organizations

“Work-Life Policies that Make a Real Difference for Individuals, Families, and Organizations” is the title of Penn State’s 15th annual Symposium on Family Issues, to be held October 8-9, 2007. The topic will be addressed by 16 scholars from major universities and work-family research centers. The symposium is innovative for the integration of perspectives from multiple social sciences as well as for addressing policy implications. Presentations and discussions at the symposium will focus on which workplace practices have the most potential to improve the well-being of employees and their families, policies to address workplace challenges for salaried as well as hourly employees, how to conduct effective intervention research, and questions that remain for researchers of work-life policies. Lead speakers include Ellen Ernst Kossek, (Michigan State University School of Labor & Industrial Relations), Erin Kelly and Phyllis Moen (both of University of Minnesota), Susan Lambert (School of Social Service Administration, University of Chicago), and Jennifer Glass (University of Iowa). Information and registration available at <http://www.pop.psu.edu/events/symposium/2007.htm> or contact Carolyn Scott (814)863-6806, [css7@psu.edu](mailto:css7@psu.edu).

The National Symposium on Family Issues is organized by Alan Booth, Distinguished Professor of Sociology, Human Development and Demography and Ann C. Crouter, Director, Social Science Research Institute.

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## Call for Papers

Journal of Youth and Adolescence

Special Issue: Asian American Youth Development

This special issue invites manuscripts that investigate Asian American youth's development in various ecological contexts (e.g., family, peer, school, neighborhoods and co-ethnic community). Of special interests are manuscripts that investigate developmental processes operating in these ecological contexts, for example, predictors, mediators and their pathways that lead to youth behaviors or developmental trajectories and/or moderators that may influence the developmental processes differently for Asian American youth. Also welcome are manuscripts that examine racial/ethnic identity development, acculturation process, social class, discrimination, and prejudice. Priority will be given to manuscripts that carefully consider methodological challenges and cultural validity in studying Asian American youth (e.g., measurement issues, generalizability of existing developmental theory, and sampling). Manuscripts that compare race/ethnic groups should focus on Asian American youth and detail how comparisons contribute to a better understanding of Asian American youth. For further information, do contact Yoonsun Choi <[yoonsun@uchicago.edu](mailto:yoonsun@uchicago.edu)> or Roger Levesque <[rlevesque@indiana.edu](mailto:rlevesque@indiana.edu)>. We will try to be flexible but expect submissions by June 1st, 2007. Manuscripts will be fast-tracked for publication in early 2008.

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