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Psychology and Children: Translating Research into Better Policy and Services

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The Importance of Ensuring that Psychology Gets Used: Introducing the Issues

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Psychological science can inform policies and practices that affect the lives and well-being of children and their families. But just because it *can*, doesn't mean it *does*. That's because potentially useful research sometimes does not get translated into plain language and communicated appropriately to non-psychologists. That's where Division 37 comes in. We exist for the purpose of translating research into policy and action on behalf of children, youth, and their families. We support psychological science. We use research findings to develop and improve programs, services, policies, and practice. We perform advocacy at the local, state, and federal levels to prod those in power to allocate funds for such services. As you will learn from this issue of the *Child and Family Policy and Practice Review*, these activities are essential for the engaged psychologist, and they bring great rewards for psychology, for psychologists, and for the children and families who benefit. Yet accomplishing such activities with integrity requires thoughtful consideration of many potential conflicts of interest.

When I took over the presidency of Division 37 last year, I believed that as a division, we needed to step back

Inside This Issue

and get reacquainted with our core mission. In so doing, I believe that we strengthened our own identity and resolve, sharpened our task forces' objectives, and in turn, boldly "re-distinguished" ourselves as *the* place for advocacy within the American Psychological Association (APA). As such, we are in a better position to work with other child and family-relevant divisions to reach our shared goals of improving children's lives. As such, I chose a presidential theme that was very basic, but very open: "Improving Child and Family Policy and Services through Research-Based Advocacy." To promote the theme, I designed a special cross-cutting multidivisional Presidential Symposium that I chaired with Kari Nysse-Carris at the 2005 APA Convention. Each of the symposium speakers represented a different child-focused APA division, and each spoke about translating research into policy and practice in a different domain or setting, ranging from the courtroom to the schoolroom.

That symposium was the inspiration for this issue of the *Child and Family Policy and Practice Review*, which Patricia Hashima and I are delighted to present to the loyal members of Division 37, and to members of each of three other divisions that collaborated to produce this issue: Developmental Psychology (7); School Psychology (16); and Society of Clinical Child and Adolescent Psychology (53). As you will see, the contributors are all renowned psychologists, and they have addressed a wide range of topics relevant to understanding how psychological research can effect meaningful change for children. The authors present cutting-edge theory and research from their respective areas of developmental, clinical, school, and/or community psychology, and discuss the successful application of that research to social change in terms of policy, mental health services, etc. The papers illustrate the myriad opportunities for, and challenges of, communicating psychological findings to society.

To preview, the first two papers address the translation of research into policy reform in the legal arena. The next two papers shift the focus to the translation of research into effective practice in children's mental health. The two capstone papers address more general issues that arise as we ensure that our discipline remains both scientific and engaged. Specifically, first, Drs. Thomas Grisso and Lawrence Steinberg (Division 7) discuss the challenges they faced while conducting research to understand juveniles' legally relevant competencies and translating that research into juvenile justice reform. They provide many examples illustrating that if researchers blur "the distinction between science and advocacy . . . it is impossible to be successful in either enterprise." For example, they address the need for vigilance in ensuring unbiased scientific methods, analysis strategies, data interpretation, and communication to policy-makers and courts. Next, Dr. Gail Goodman (Division 37), discusses ways that research on children's eyewitness testimony can inform policy and law. She summarizes research that is directly relevant to legal issues, then highlights several roles that psychologists can play (e.g., expert witness, author of amicus briefs) to inform the courts of that research and, in turn, change public policy relevant to child abuse victims and witnesses.

The issue then shifts from the topic of legal policy to the topic of children's mental health practice. In their articles, Drs. Thomas Kratochwill and Kimberly Hoagwood (Division 16) and Dr. Philip Kendall (53) discuss the importance of ensuring that practice in children's mental health is continually informed by research. These authors provide a detailed discussion of problems and prospects in making practice evidence-based, ultimately challenging skeptics of evidence-based or evidence-supported practices with, as Kendall puts it, this thought: "If we don't choose to be guided by the data, what else would we do?"

The final two papers provide more general discussion of psychologists' roles in influencing policy and improving practice. Dr. Robert Friedman's (Division 37) article is based on remarks he provided last year on the occasion of winning the prestigious Division 37 Nicholas Hobbs Award. He notes that increased advocacy and policy improvement cannot occur without additional policy-relevant training in our graduate curricula as well as increased attention to the benefits of interdisciplinary collaborations. Finally, Dr. Carol Falender (President-Elect of Division 37) pulls together the contributions in a summary discussion. She reminds us that although it may be challenging to do research-based advocacy (because psychologists must be aware of but not stymied by the limits of science), there are many compelling reasons to do so -- so many, in fact, that it is surprising that psychologists don't do more of it.

As Falender says, this issue "contains contributions that provide blueprints for researchers, practitioners, and academicians to engage effectively in advocacy and translation of research to practice." That's the goal that Patricia and I had in mind as we developed this issue. We believe that this unique collaboration of child and family-focused divisions is a "best practices" model of divisions uniting to address a theme that cuts across individual specialties and integrates diverse interests. We think this issue of the *Child and Family Policy and Practice Review* is far richer than what each division could have accomplished alone, and we hope the topics covered will be of interest to psychologists from a wide variety of interests and backgrounds, practitioners and researchers, novices and experts, students and professionals.

Psychology has so much knowledge to offer to society through a multitude of services and practice efforts. But it will take carefully orchestrated advocacy to ensure that our knowledge and services reach those who need it. We hope this special issue contributes meaningfully to dialogue about the challenges and opportunities of translating research into policy across a number of key domains relevant to children, youth, and their families.

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Developmental Research and the Child Advocacy Process*

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*This text is excerpted from Grisso, T., & Steinberg, L. (2005). Between a rock and a soft place: Developmental research and the child advocacy process. *Journal of Clinical Child and Adolescent Psychology, 34*, 619-627.

When developmental scientists choose what they will study about children and their welfare, they are often motivated by personal beliefs and values about the importance of child protection. Their concern about children's potential suffering or victimization by social injustices properly draws and compels them to apply their science to achieve some end that will produce the conditions they desire or change the conditions they abhor.

However, once having applied personal values to choose a course of scientific research, scientists wanting to contribute to child advocacy must operate with guiding principles that are synonymous with the purpose of the behavioral sciences -- to produce reliable information about the human condition. The heart of that endeavor is a commitment to impartiality of method and a willingness to share the results of the work with the public in ways that reflect the research findings fairly and thoroughly.

Scientists' authority to enter the arena of social change rests on the way they discover and report information that may influence change. This begins with the critical and cautious way they put together what is already known to formulate hypotheses and make assertions about the probable relevance of developmental information for social problems. It continues with the construction of a research design that offers an unbiased test of hypotheses about children and their development. Scientists need not be impartial in their motives for seeking reliable information, and the truth of the matter is that usually they hope for certain outcomes over others. But the information that they create is bankrupt if it is the product of a stacked deck. They will utterly fail if their motives drive their methods.

Therein lies one of the important struggles for applied developmental researchers. To truly advocate for children, researchers must proceed to design their studies as if they do not care whether their beliefs and intuitions about what is best for children are borne out by their research. They must formulate their hypotheses on the basis of existing developmental research findings and relevant theories, constructing their research methods as though they hope to prove themselves wrong.

If they obtain results consistent with their expectations, or even if they don't, their struggle as researchers continues during the process of dissemination when they must report their findings honestly and straightforwardly. Scientists may point out what their findings imply for child advocates, but they cannot "spin" the findings in a way that makes them appear more conclusive than they are or bury the findings that conflict with the scientists' values. Moreover, when they set out to produce scientific information that is relevant for a social issue, scientists have a responsibility to facilitate its proper application in the real world. All research results have limitations in their application to real world problems. All research results can be misapplied, misinterpreted, and misconstrued as they make their way into social policy arenas. All research results that pertain to a truly important social problem will be severely challenged and the studies that produced them will be placed under a microscope of criticism. In the context of these dynamics, researchers must struggle with the question of impartiality, remaining alert to when they are properly advocating for the quality of their findings and when their concern for the social issue threatens to carry them beyond the credible value of their results.

Since 1997 we have directed the Juvenile Adjudicative Competence Study, an investigation of the MacArthur Foundation's Research Network on Adolescent Development and Juvenile Justice (Grisso et al., 2003). The study used developmental psychology principles and research methods to assist society in addressing questions of policy, law, and practice regarding youths' competence to stand trial. This applied developmental research effort provided us an opportunity to experience and examine the nature of child advocacy based on developmental research, and especially the conflicts that developmental scientists face at various stages of the research and advocacy process. In this column, we share some of what we learned from this experience.

Advocacy in Conceptualization

As we began to conceptualize the study, we gave much thought to how we would frame the research. At the most fundamental level was the need to recognize that our purpose was to answer a question -- the proper role of science -- rather than to make a point -- the proper role of advocacy. We were not trying to "prove" that adolescents are less competent than adults. We were trying to learn whether, and in what ways, they might be.

A well-designed study leaves open the possibility that the hypothesis will not be confirmed. We had no problem making a commitment to full and honest disclosure if the study findings suggested that juveniles were at greater risk than adults for incompetence. But were we willing to be just as forthcoming if our results were different, knowing that the research might then be used to argue in favor of policies that exposed relatively more juveniles to adult court procedures and adult criminal sanctions? We made a decision that, as scientists, we were obligated to publicize the findings of the study regardless of the results, and that any special cautions we might want to raise would have to be done as part of the public dissemination of the findings.

Advocacy in Design and Data Collection

Usually, social scientists work by themselves at the design phase and consult policy-makers and practitioners only at study completion to develop dissemination plans for publicizing the results to relevant audiences. We took a different approach, however, by including several practitioners at the table as we conceptualized the study and mapped out the research design -- a public defender, a district attorney, a judge, and a youth advocate.

The role of non-scientists in the design of our research was fascinating and evolved over time. At the beginning, they anticipated that scientific studies could be crafted to achieve certain outcomes. For the defender and the advocate -- who never hid their interest in using incompetence to stand trial as a way to reduce the impact of punitive changes in juvenile law -- this sometimes led to suggestions about the research design that could have stacked the deck toward finding juveniles less competent than adults. For the district attorney and judge, the same understanding of ways a research design can predetermine study findings led to more cynical questioning about whether our design provided a genuinely fair test of our hypothesis or favored findings of greater incompetence among juveniles than was really the case.

An important realization grew out of these discussions. We recognized that if the study design had the slightest taint of potential bias, anyone who did not share whatever view the results might support would easily dismiss them. To create scientific evidence that could ultimately be useful to advocates, we needed to produce science with internal validity that would hold up to those whose politics placed them at the other end of the spectrum. In practice, this means that in designing policy-relevant work, it is just as important -- perhaps even more so -- to involve at least some individuals who oppose the policy that may be promoted by a study's potential results as it is to include those who are hoping for those results. In our case, it was important to emphasize to defense attorneys that unless the study design was scrupulously fair -- which might chance proving their beliefs wrong -- the study had no chance of producing information they could use. In other words, advocates must risk getting bad news in order for any good news the study might produce to have value.

We recognized that our choices at several points in data analysis could influence our results. All scientists know that decisions about which variables to control, whether to treat variables as continuous or categorical, whether to transform the data before analysis, and how to form comparison groups -- to name only a few of the choices we faced -- can affect study findings. This issue surfaced when our research group considered how best to divide the youth sample to examine competence-related capacities at the different ages. We had sampled youngsters from 11 to 17 but had insufficient numbers for analysis at each discrete age and had to combine the age groups in some way. On what basis would we draw these lines? One suggestion put forth by the youth advocate on the team was that we analyze the age data grouped in multiple ways and select the grouping scheme that yielded results most favorable to children. Although this would certainly yield results that were "true" in some sense, the scientists on the team balked at allowing results to influence the choice of the analytic strategy. To protect against this, we decided to adopt a "no peeking" rule and create the age categories a priori, based on policy and practice information.

Advocacy in Interpretation

The most fundamental posture for interpreting data in the child advocacy arena combines: (a) aggressiveness in asserting the findings and (b) modesty in addressing questions of specific policy changes in response to the findings. The first of these attitudes requires special attention to creating the context of credibility of the findings, and the second requires an understanding of the role of scientific data in the policy arena.

Regarding the first, the scientists' authority to enter the policy arena rests largely on the credibility of their research findings. We resolved not to thrust the findings into the public limelight or policy debate until our method, results, and interpretation had withstood peer review in a respected scholarly journal. This decision slowed the release of the study down by more than a year but it was the right thing to do.

One of the most critical aspects of interpreting data for the policy arena is "packaging" the information in a way that assures it will not only be clearly understood, but also perceived as undeniably relevant by people in the social institutions that can use the information. It is important to distinguish between "spinning" the results to appeal to particular audiences, which we did not do, and packaging the results in ways to make them accessible to these audiences, which we did. Making the findings of a research study accessible -- non-technical, straightforward, and using a vocabulary familiar to the targeted audience -- is not the same as making the results palatable.

We engaged policy and practice professionals in our interpretive process, and while this sometimes did influence our message, it was to counteract ways in which our results might be misinterpreted. For example, defense attorneys had hoped the study would allow them to argue against the transfer of juveniles to adult criminal courts for trial, on the grounds that they were less likely to be competent. Prosecutors who reviewed our study, however, gave us a loud and very clear message. They themselves had concerns about youths' competence to stand trial, they said, but they would resist the results entirely if we intended to use them to try to do away with transfer to criminal court altogether.

We addressed the concerns of both the defense attorneys and prosecutors in the same way. We told them that our study said nothing about whether youths should be transferred to criminal court. We had studied developmental and cognitive capacities of youths to participate in their defense -- their competence to stand trial -- not whether juveniles should be tried as adults. Despite considerable pressure to take a stand on this issue, our position remained steadfast: our results said nothing about whether youths of any age should or should not be tried as adults.

Our intensive consultation with professionals who would be using our results was especially necessary because we knew the scope of our communication strategy would not be ordinary given the media's interest in juvenile crime. A few days before the study was released, we organized a conference call with journalists representing all of the major news agencies in the country and granted radio interviews to major news networks, all with the understanding that any announcement of the study findings would be embargoed until the set date and time of the press release. The day of the release, newspapers in every major city in the U.S. carried a story on the study, and two long news pieces aired on National Public Radio. We settled in for several weeks of telephone talk show interviews.

Without doubt, that stage of the process confronts the researcher with the greatest risk of slippage in the role of scientist in the child advocacy arena. Armed with good data, the researcher needs to be appropriately aggressive in advocating the quality and importance of the study results for a policy question. But inevitably the reporters (or lawyers, or policy makers) want more. They want you to "solve the problem." "Okay," they say, "let's suppose we believe your data. What, then, should we do?"

Here is where the second attitude – modesty -- must kick in. Scientific studies can never tell us what we ought to do. Policy-relevant research on child development has the capacity to challenge current policies, identify the need for different ones, and describe conditions that new and better policies must be able to accommodate. But rarely does research provide evidence that a particular policy is "right." As a scientist, it is fine to tell others about new facts they should consider, but how they should respond to those findings is their decision, and one which often must be tailored to local conditions and politics.

Our role has been to advocate for our data, aggressively disseminating it, and driving home the message that the relative incapacities of youths as defendants can no longer be ignored. Advocating for one's data in order to drive child advocacy debates also means identifying and challenging its misuses. Once research results become tools in the hands of others in the policy arena, they tend to be refashioned to better fit the arguments of advocates or their detractors. It is not ethical for scientists to throw up their hands and take the stance that because what others do with their findings is out of their control, it need not be the scientist's concern. We have an obligation to be unequivocally loud in our correction of misinterpretations when we hear about them, even at the expense of weakening the position of child advocates with whom we might otherwise agree.

Science and Advocacy: Distinct and Related

One of the most satisfying experiences that a scientist interested in the well-being of children can have over the course of a career is to produce a credible empirical study that is useful to those who advocate improving the lives of children. This experience is even more gratifying when dissemination efforts are successful and the research actually makes it out of the scholarly journals and into the hands of policy-makers and practitioners who use it for this purpose. By all indicators, the MacArthur Juvenile Adjudicative Competence Study has been successful in both respects. The fact that many young people under 15 are at risk for being incompetent to stand trial is now a fact well known within the legal community, and several states have begun the process of changing legislation in response to the study findings.

The successful impact of this study was the result of many factors, including the careful planning and hard work of the entire research team, the development of an extensive and ongoing dissemination and communications plan, and the involvement from the first stages of study conceptualization of individuals who represented the audiences we ultimately wanted to reach. But an additional factor that contributed to the impact of this study, we believe, was our insistence on maintaining the distinction between science and advocacy. Once that distinction is blurred, it is impossible to be successful in either enterprise.

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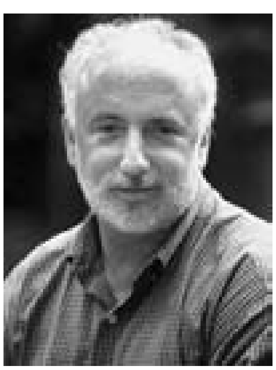

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Social Policy and Child Witnesses

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When I was asked to speak at the Division 37 Presidential Cross-Cutting Symposium, "Psychology and Children: Translating Research into Better Policy and Services," at the 2005 American Psychological Association Convention, I asked myself: "Has child witness research had an impact?" The answer is clearly "yes." In fact, even in the beginning, the impact of research in this area on the courts and on social policy was nearly immediate. In this paper, as in my talk at the APA convention, I would like to discuss: a) the extent of the problem of child maltreatment and the demands this places on child protective services (CPS) to investigate abuse reports; b) research on child witnesses; and c) ways in which psychologists have in the past, and can in the future, influence social policy and practice concerning child witnesses.

Reports Involving Child Witnesses to CPS and the Criminal Justice System

Sacramento County, California, near where I live, is a largely metropolitan area of about 1 million people. In this one county alone, every 9 minutes CPS receives a call to its Child Abuse Hot Line. Every 27 minutes, a social worker hears a new allegation of child maltreatment. Every 2 hours, a child is removed from home, totaling about 200 to 300 child protective custody actions a month. Nationally, CPS receives about 3 million referrals a year, regarding about 5 million children (DHHS, 2004). About 63% of these cases involve neglect, 19% concern physical abuse, 10% are for alleged sexual abuse, and 8% are about psychological abuse. (Of course, many of these cases actually involve more than one form of maltreatment.) Approximately 62% of these referrals will result in investigations. When an investigation is conducted, typically, a social worker will interview the children in the children's school or home.

It is enlightening to compare how many children are involved in such CPS actions each year with the number of children who are diagnosed for cancer. In the United States in 2005, approximately 9,510 children under age 15 will be diagnosed with cancer, according to the National Cancer Institute (http://cis.nci.nih.gov/fact/6_40.htm), a tragedy in itself, but the numbers pail in comparison to those for child maltreatment investigations and substantiations.

Cases involving child witnesses also gain the attention of the criminal justice system. These cases include, but are not limited to, attempted murder, witnessing domestic violence, child sexual abuse, and the like. Children in these cases will likely be interviewed by a police officer "on the beat" and then, if necessary, later either by specially trained forensic interviewers at a Child Advocacy Center (CAC), or what we call in California, a Multidisciplinary Interview Center (MDIC), or by district attorney investigators. Although most children's voices about maltreatment or other crimes will be heard by social workers or police in the children's school or home, or by forensic interviewers at CACs/MDICs, a certain percentage of children will also have to testify in court, sometimes repeatedly. Most jurisdictions do not have children testify in dependency court; these are the courts that decide children's fate in child protection actions concerning being returned home or placed into foster care. A few do permit children to speak about their experiences and desires (Block, Oran, Goodman, & Oran, 2005). In criminal courts, like any other witness, the child victim is likely to be required to take the stand and submit to direct and cross examination.

In the course of these investigations and court appearances, the CPS and legal systems make many assumptions and have many questions about children. A number of these assumptions can be tested and a variety of the questions can be answered by scientists. Often the assumptions and questions address not only practical matters, but matters relevant to psychological theory as well.

Child Witness Research

When I first started conducting research on child witnesses, back in the late 1970s, there were just a handful of articles on the topic, aside from some published at the turn of that century. Now the study of child witnesses is an international effort. Some of the topics that have captured research attention include child memory and suggestibility, trauma and memory, court accommodations for children's evidence, emotional and attitudinal, and jurors' reactions to child witnesses.

Children's memory and suggestibility. Few areas of research have been as controversial as the study of child witness memory and suggestibility. This is in part because of the emotionality involved in the topics of child victimization, on the one hand, and wrongful conviction of innocent adults, on the other hand. Fortunately, after two decades of intensive research, considerable consensus has been reached. This consensus includes the fact that under certain circumstances, children can be highly accurate about their experiences, whereas under other circumstances, children can be highly inaccurate (Goodman & Schaaf, 1998; see Davis, Westcott, & Bull, 2004, for reviews). One important job for child witness researchers is to specify factors that promote accuracy versus inaccuracy. There is still much to learn. For instance, only recently have researchers emphasized in their studies the effects of familiarity on children's accuracy (e.g., Cordon, 2004). Virtually all previous studies have examined children's memory and suggestibility about strangers (but see Lepore & Sesco, 1994), yet a child's knowledge base may bolster against suggestibility. The vast majority of CPS investigations and criminal court cases involve alleged perpetrators who are known to the child (e.g., Goodman et al., 1992).

Trauma and memory. Child maltreatment is typically a traumatic event for child victims, and it can be traumatic for other (nonabused) children in the family as well. Take for example the case of Steven Hill, a 13-year-old who was found comatose and chained to a cabinet in his home. His parents had withheld food, in the end starving him to death, "when the hitting wasn't working any more." Steven's 12-year-old brother was to be the star witness against his parents at the murder trial (*Time Magazine*, 2003). This case involved physical abuse and neglect, and emotional abuse. It was deadly for the victim, but likely highly traumatic for the brother as well. Witnessing or experiencing many other types of crimes can also be highly traumatic.

Child witness researchers have provided important information about children's memory for traumatic events. Although my laboratory conducted some of the first scientific studies of children's memory for stressful events, in which the stressful events were objectively recorded so that memory accuracy could be evaluated with precision (Goodman, Hirschman, Hepps, & Rudy, 1991), that work has expanded considerably (e.g., Merritt, Ornstein, Spicker, 1994; Peterson, Pardy, Tizzard-Drover, & Warren, in press). Generally, for adults, memory tends to be better for central aspects (i.e., the main stressor) of negative events (Christianson, 1992), but for children this relation can be obscured by a complex interplay of cognitive-developmental, socio-emotional, and individual-differences factors that come into play (e.g., Alexander et al., 2002). Regarding individual-differences, it is potentially important for the CPS and legal systems to know that although many children and adults remember stressful events particularly well, a subset of children and adults remember stressful events particularly poorly (Alexander et al., 2002; Edelstein et al., 2005).

Moreover, for children who have experienced chronic trauma, there are concerns that resultant psychopathology will adversely affect memory functioning, as well as brain structures relevant to memory (e.g., the number of hippocampal cells). Child witness researchers have been busy studying the abilities of maltreated children to provide accurate memory reports (Eisen, Qin, Goodman, & Davis, 2002; Goodman, Bottoms, Rudy, Davis, & Schwartz-Kenney, 2001). Generally, it appears that abuse per se does not adversely affect eyewitness memory reports, but certain forms of trauma-related psychopathology can affect accuracy.

Emotional and attitudinal outcomes for children of legal involvement. The legal system assumes that witnesses, especially victim/witnesses, will be anxious, frightened, and/or distressed by having to testify in criminal court. Such upset is deemed necessary, in the short term, for justice to be done. However, the courts also have an interest in protecting children from harm. Balancing children's emotional needs with legal requirements is tricky business. For some children, testifying has adverse emotional effects, not only in the short term (Goodman et al., 1992), but also many years later into adulthood (Quas et al., 2005). For example, in child sexual abuse prosecutions, testifying multiple times against a parent in a traditional adversarial system is associated later with trauma-related psychopathology such as sexual problems. The legal system needs to know these things, and child witness researchers can provide answers.

Presenting children's evidence in court and jurors' reactions to child witnesses. As just noted, testifying in court can be upsetting for some children. Children particularly fear facing their accused victimizer (Goodman et al., 1992). In many European countries, young children never testify in court face-to-face with the accused. In contrast, in the United State, the 6th Amendment of our Constitution is typically interpreted to require face-to-face confrontation of the accused with the accuser at trial. As child witness researchers, we can explore the effects of such confrontation on child accuracy and jurors' reactions, and test the impact of alternative methods of testimony that are designed to lessen the emotional burden of testifying in a courtroom. Moreover, of importance, we can explore what could and should be done differently for children in court to ensure justice. We can determine, through scientific study, what are the best ways of presenting children's evidence in court to ensure a just decision.

Let's take an example of research in this area. For example, the legal system assumes that jurors need to see witnesses, including children, testify live on the witness stand. Yet in studies in which children's live testimony that is accurate versus inaccurate is compared to children's accurate or inaccurate testimony presented via closed-circuit TV (CCTV) or hearsay witnesses, jurors are poor at reaching the truth no matter how the children's statements are presented (Goodman et al, 2005; Orcutt et al., 2001). It is also important to know that jurors rate children as less credible witnesses if they testify via CCTV or are otherwise out of the courtroom, thus arguing for putting children on the witness stand. Nevertheless, CCTV may assist children who are so emotionally distraught that they could not testify except via such alterations.

Social Policy and Practice: Ways to Have an Effect

Most ivory tower researchers have to take great efforts to get the attention of policy makers. Child witness researchers are often in a different position from that: We get called constantly by attorneys who are seeking out our findings so that they can use the knowledge, for better or worse, in court, or so that they can try to lure us into court as expert witnesses. However, consulting on or testifying in a single case, albeit important, has limited reach. There are many other ways in which child witness researchers can and have informed social policy and practice, including the following:

- Workshops for Legal and CPS Professionals and Policy Makers
- Consulting at Child Interview Centers
- Publishing in Law-Related Outlets (e.g., Law Reviews)
- Writing Amicus Briefs
- Working on Legislation
- Testifying at Legislative Hearings
- Giving "Briefings" to Legislative Staff

Let me discuss several options in relation to my own experiences. I have given many a workshop for legal and CPS professionals, all over the world. Sometimes the workshops last a day or two. In such forums, one can go into considerable depth about one's research, but it is important to draw out the social policy and practice implications explicitly. I have lost several audiences (especially police) when just sticking to the research. Such workshops can be effective in educating professionals as well as policy makers.

A number of research psychologists consult at child interview centers. Here one learns as much as one provides learning to others. At the MDIC where I consult, I tell the forensic interviewers about the latest research. I also observe their interviewing sessions and give them feedback. But watching "the real thing" has been quite enlightening to me. I worry that I get more out of my consulting than the interviewers get from me! Still, this is a way for child witness research to influence practice.

Perhaps the most frequent interactions child witness researchers have with the outside world is consulting on legal cases and testifying in court. Too often, there is a risk of becoming a hired gun, for instance, virtually always testifying about children's suggestibility (which seems to be particularly common) or virtually always about children's accuracy. I was able to avoid this potential problem in a recent criminal case regarding habeas corpus, however, because I testified as a "neutral" expert for the courts. Testifying for the court, as opposed to for the prosecution or the defense, is quite unusual in the American criminal justice system, although it is quite common in several other countries.

Helping to write amicus briefs to the courts can have an effect in a specific case or more broadly on the "law of the land." I have worked on several amicus briefs that were presented to the US. Supreme Court, which then had an influence on Constitutional law. For example, I coauthored the American Psychological Association's amicus brief submitted in Maryland v. Craig (1990), which alerted the U.S. Supreme Court to psychological research relevant to allowing child victims to testify via closed circuit television, rather than face-to-face with the accused. The brief, and the research summarized therein, had a considerable impact on the Court's ruling in that case.

Finally, through Division 37, as well as Division 41 (American Psychology-Law Society) of APA, child witness researchers, such as myself, have given briefings to legislative staff "up on the Hill" in Washington, DC. On the State level, child witness researchers have testified before legislative hearings or worked with legislative staff on legislation relevant to child witnesses (e.g., I worked in California on a law concerning child custody evaluations when child sexual abuse allegations arise). What an honor and what a responsibility at the same time. In this context, psychologists can quite directly affect social policy for children.

Conclusion

Child witness researchers have a special responsibility to be true to science while also helping to optimize justice, practice, and social policy for children. Sometimes the demand for our research has been so great that it gets to the courts and policy makers too quickly, before we have a chance to understand the limits of our findings. We still have a lot to learn about children's abilities and needs in CPS and legal contexts. Fortunately, through years of scientific research, there is also a great deal that we can legitimately contribute.

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Evidence-Based Interventions and System Change: Concepts, Methods, and Challenges in Implementing Evidence-Based Practices in Children's Mental Health

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In this paper, we review concepts, methods, and challenges in implementing evidence-based practices (EBP) in children's mental health. We focus on five areas in need of attention: (1) scope of research methods for establishing evidence-based practices; (2) criteria for defining evidence-based practices; (3) professional development in graduate training; (4) systemic change in mental health and educational settings; and (5) collaboration across stakeholders and systems. (For more information, please see Burns & Hoagwood, 2004; 2005; Hoagwood et al., 2001; Huang, Stroul, Friedman, Mrazek, Friesen, Piers, & Mayberg, 2005; Kratochwill, 2006; Weisz, Sandler, Durlak, & Anton, 2005).

Research Methods for Establishing Evidence-Based Practices Issue

Issues. At the heart of the evidence-based intervention and practice movement have been the scientific methods used to establish the knowledge base for effective practice. The range of assessment and intervention methodologies to establish this knowledge base has been somewhat restrictive. For example, many research methods have relied exclusively on the randomized clinical trial as the gold standard for establishing the efficacy of the intervention. One consequence of the almost unilateral emphasis on a single methodological approach is that some of the complicated issues involving the integration of EBPs into routine practice settings have not yet been examined. The ironic consequence is that there is almost no evidence base to guide implementation of evidence-based practices into routine care and services.

Potential Solutions. A number of authors have discussed potential solutions to the traditional framework for advancing assessment practice and establishing the effectiveness of interventions. An important development in the area of assessment is to focus on the link between assessment and treatment (Mash & Huntsley, 2005). One of the clearer conceptual frameworks is to adopt the treatment utility of assessment (i.e., an assessment that contributes to positive treatment outcome) (see Hayes, Nelson, & Jerrett, 1987). Focusing on the treatment utility of assessment can lead to adoption of assessment measures that have implications for selection of treatments as well as monitoring treatment outcome. Such a strategy is critically important in the evidence-based practice movement, inasmuch as many traditional assessment devices do not embrace the selection of effective treatments or their utility in monitoring intervention outcomes in practice.

Educational researchers have only recently seriously considered a second potential solution, the use of single-case research design to establish the scientific basis for educational practices in addition to randomized controlled clinical trials. For example, a special committee of the *What Works Clearinghouse* group has been formed to establish guidelines for the coding of single-case research investigations on a broad range of educational practices. This development is important as it allows a rather large literature to be considered as part of evidence-based practices in educational settings.

A third potential solution is to consider a broader range of methodological tactics to understand the challenges of implementing interventions in practice settings. Experimental methodology (randomized group and single-case research designs) provide only part of the information needed to understand how evidence-based interventions can be transported to applied settings. We strongly recommend that major task forces and groups in both prevention and intervention science adopt a broadened conceptual framework for evidence-based practices and include transportability studies, dissemination studies, and system evaluation studies (Chorpita, 2003), and qualitative as well as quantitative methods (Nelson & Quintana, 2005). Such investigations can help practitioners and researchers better understand how interventions can be effectively transported and disseminated in applied settings, and the various conceptual variables that need to be considered.

Criteria for Defining Evidence-Based Practice

Issues. Various professional groups have endorsed somewhat different criteria for defining "evidence-based" (e.g., *What Works Clearinghouse*, APA Division 12, 16, & 53, *National Reading Panel*, Prevention Science Groups). The various designations have presented two major challenges for researchers and practitioners. First, the criteria embraced have defined the range of evidence-based interventions and practices that specific groups feature. For example, the *What Works Clearinghouse* has traditionally adopted a between-group randomized methodology for evidence review. Second, research criteria are often added to practice guidelines, which adds professional judgment to the designation of what assessment and intervention practice should include (see Weisz et al., 2005; White & Kratochwill, 2005).

Potential Solutions. A national clearinghouse to manage the databases from various organizations is needed. A web site jointly sponsored by the American Psychological Association and the Society for Prevention Research (www.oslc.org/spr/apa/summaries.html) has helped in this regard, but it could be extended to cover a wider range of social/emotional and academic evidence-based interventions. A national clearinghouse would list all the evidence-based criteria from various organizations and use clear coding criteria to place various evidence-based interventions and practices along the continuum of methodological, conceptual, and statistical criteria that have been established by these groups.

Another potential solution is to conduct a more careful analysis of the criteria. Research could elucidate the contribution of various criteria to effective practices. Meta-analytic research could compare various criteria in terms of their contribution to the overall effect size of outcomes in intervention research. Such a strategy could provide empirical rather than only conceptual bases for meeting various criteria in prevention and intervention practices.

Professional Development in Graduate Training

Issues. Shernoff, Kratochwill, and Stoiber (2003) found that most graduate school programs in school psychology do not adequately prepare students in evidence-based practices (see also Kratochwill & Shernoff, 2004). Many faculty in school psychology graduate training have not had supervised training in many of the evidence-based interventions and practices that are currently being featured. Graduate training is not sufficient given the complexity of prevention and intervention programs (Mihalic, Irin, Fagan, Ballard, & Elliott, 2004), and there is a lack of incentives for acquiring new skills in prevention and intervention (Weisz et al., 2005). As a result, many school psychology practitioners are inadequately prepared for evidence-based practice (White, Kumpke, & Kratochwill, 2006).

Potential Solutions. Potential solutions are complex to implement and embedded in conceptual, logistical, and political barriers (Weisz et al., 2005). One option is to promote training institutes in evidence-based practices at national conferences. However, one-shot workshops will not do justice to the mentorship, training, and supervision needed for effective implementation of evidence-based practices. Another option is to rely more on technology such as web-based courses and distance education technology. Researchers who are developing computer-delivered evidence-based intervention and practice program/modules should include strategies for self-instructional learning. Furthermore, to help disseminate evidence-based interventions and practices in applied and clinical settings, it is critical to adopt practice guidelines to define a range of empirically supported practices ranging from diagnosis, assessment, intervention, and intervention evaluation (White & Kratochwill, 2005). Increasingly, practice guidelines can be adopted to facilitate both training and implementation.

Systemic Change in Mental Health and Educational Settings

Issues. Importing new research-based practices and programs into routine care and services requires more than simply the existence of a robust knowledge base. A range of system issues immediately come into play, including structural factors (e.g., governance and regulatory issues), budgetary factors, and aspects of the organizational context (e.g., the culture and climate of provider environment). Unfortunately, almost no studies have examined the impact of system variables on uptake of EBPs. Scientific inattention to systems change has been hampered by the lack of an integrated theoretical framework base with which to understand the processes of change as well as implementation and dissemination processes at the national, state, and local level (Silverman, Kurtines, & Hoagwood, 2004).

Potential Solutions. Researchers are beginning to examine how, whether, and to what extent system factors affect implementation of EBPs. One of these studies, the Clinic Systems Project, is examining the association between uptake of new clinical practices and system issues in a national sample of almost 200 child-serving mental health clinics. The findings from this study may help guide treatment developers, policy-makers, and practitioners in understanding how best to fit specific practices into larger organizational and systems contexts.

Collaboration Across Stakeholders and Systems

Issues. The fragmentation of the children's mental health service system has been noted for three decades, beginning with the Children's Mental Health Commission established under the Carter administration. Recent panels convened by the Institute of Medicine, and reports such as Bridging the Quality Chasm (IOM 2002), point to fragmentation as a major impediment to healthcare quality improvement. Fragmentation results from at least six different service sectors being responsible for delivering children's mental health services (i.e., education, child welfare, substance use/addiction, juvenile justice, health, mental health). Although examples of coordinated efforts across these sectors exist (e.g., *Comprehensive Community-based Services for Children* funded by the Center for Mental Health Services), structural impediments to sustaining coordinated efforts are formidable.

In addition, the lack of coordination at macro systems levels is instantiated at the interpersonal level. Multiple stakeholders are by definition involved in service delivery for children with mental health problems. These include families, direct service staff, administrators, intervention developers, and policy-makers (Schoenwald et al., 2003; Glisson & Schoenwald, 2005; Shortell, 2004). The social processes involved in dissemination and implementation are key to initiating and sustaining positive change within systems.

Potential Solutions. New models of intervention development are being proposed to accelerate the application of research findings to routine practice. Hoagwood, Burns, and Weisz (2002) developed the Clinic-Community Intervention Model, which extends the Deployment Focused Model (DFM) of Weisz (2003) by attending to context variables such as characteristics of the practice setting (e.g., practitioner behaviors, organizational variables, community characteristics) and involvement of families and community from piloting to dissemination. In addition, several national leadership organizations (e.g., the National Association of State Mental Health Program Directors) and leadership within states (e.g., New York, California, Ohio, New Mexico, Hawaii, Texas) are using multi-stakeholder input to plan collaborative research and practice activities on the implementation of EBPs within large state systems.

Finally, alternatives to a top-down model of EBP implementation are also being examined (Garland et al., in press; Southam-Gerow et al., in press; Hodges & Wotring, 2004), such as empirically driven centers for both delivering services and examining the impact of routine practice on outcomes. Such normalization of research-based approaches to practice can demystify the scientific enterprise and create services that can be constantly re-evaluated, refined, and improved. This approach also encourages the construction of locally relevant evidence and creates a context for empiricism within routine service settings, and ultimately, improvements in quality.

Concluding Thoughts

Significant state and national policy initiatives are currently focused on more closely aligning science and practice. These initiatives present unique opportunities for linking scientific developments on effective interventions for children to organizational system and policy reform. The availability of a growing research base on effective interventions and practices offers an opportunity to tap a reservoir of scientifically based strategies and test their applicability within locally based services. However, limitations to the evidence base as well as limitations to the connectedness of EBPs to issues of real world implementation suggest that new models for crossing the boundaries between research and practice are sorely needed.

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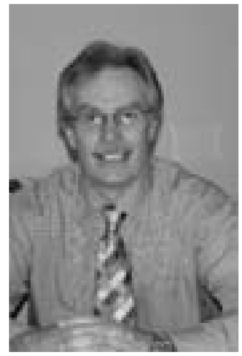

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Authors' Notes:

1. In this paper we use the term "intervention" to refer to a wide range of prevention and intervention programs and procedures that are used in clinical and educational settings. We also use the terms intervention and treatment interchangeably.

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Flexibility within Fidelity: Advocating for and Implementing Empirically-based Practices with Children and Adolescents

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Much has been written to advance the role of Empirically-Based Treatments (EBTs) and Empirically-Supported Treatments (ESTs) in clinical practice but, with greater candor and some malice, much much more has been said than written. I have witnessed and been a participant in both cooperative and collegial conversations as well as controversial and contentious commentaries. On more than one dimension, EBTs and ESTs are a hot topic.

Before entering into discussion, it is wise to first provide a definition of terms. "What are empirically-based treatments?" A basic feature of interventions within this category is the determination of what should be included in the treatment based on the nature of the disorder as identified in basic research. "What are empirically-supported treatments?" The basic feature of interventions within this category is that they have been evaluated scientifically and, when judged against a set of outcome standards, have been found to meet the criteria. With regard to ESTs, one can further ask "What are the criteria that were applied when identifying an EST?" For the specifics, I refer you to Chambless and Hollon (1998) and to the Special Issue of the *Journal of Consulting and Clinical Psychology* (1998). In short, the criteria have to do with methodologically sound evaluations with real patients, consistent findings across studies, and support provided by more than one research setting or proponent of the treatment.

Independent of your preexisting tendencies to support or discourage empirically-based or empirically-supported treatment, and separate from your other biases, take a moment and ask yourself the following question: "What would we use to select and justify a treatment approach in place of these criteria?" Keep this question in mind for reconsideration at a later point in our discussion.

Empirically-based Treatments

To better understand what is meant by empirically-based treatments, let me offer several examples from treatments for youth with depression, aggressive or conduct behavior problems, and anxiety disorder. For depressed youth, studies have identified that they hold negative views of themselves that are not accurate. Consider the study that found that, in terms of self-perceptions of academics, social status, physical appearance, and the like, depressed children saw themselves as below their classmates, whereas teachers of these same youth rated the depressed and the non-depressed youth as indistinguishable on these factors (Kendall, Stark & Adam, 1990). Targeting inaccuracies in self-perceptions is an appropriate focus for treatment.

For youth with aggressive behavior and conduct behavior problems, basic research indicates that these youth display a misattribution of intentionality. That is, aggressive youth see negative outcomes from ambiguous situations involving others as intentional and provocative, and thereby justify their retaliation (Dodge, 1985). Such a research-based social cognitive processing error (misattribution) is a proper target for intervention.

For anxiety disordered youth, research indicates that anxious youth: a) cognitively misperceive threat and anticipate catastrophes; b) do not recognize the modifiability of emotions; and c) engage in behavioral avoidance that is maintained by negative reinforcement. An empirically-based intervention targets these cognitive, emotion management, and behavioral features by addressing the probabilities of events and the manner with which emotions are modifiable, while not permitting avoidance (such as via exposure tasks).

The bottom line is that the components and targets of an EBT are based on the nature of the disorder as identified in basic research. More than theory and more than clinical experience informs the intervention.

Empirically-supported Treatments

ESTs have passed the test of treatment-outcome evaluation. The methodological niceties (e.g., random assignment, comparison treatments, independent evaluators, proper statistical comparisons) allow one to have reasonable confidence in the reported findings. Examples of ESTs can be found in: a) books and chapters (Hibbs & Jensen, 2005: Kazdin & Weisz, 2003; Ollendick, King, & Chorpita, 2006); b) the results of reviews available on web-based resources (SAMHSA-sponsored contract run by MANILA Consulting Group); c) lists generated by associations; and d) summaries in journals (e.g., special issues of the *Journal of Consulting and Clinical Psychology*, 1998, and *Journal of Clinical Child Psychology*, 1998).

"What is treatment fidelity, and what is its role in policy?"

If there were policies to guide the use of EBTs or ESTs we would have to address the fidelity of the treatments. Fidelity has to do with the degree to which the treatment as written (prescribed in the manual) was the treatment that was actually provided. Let's face it, although folks read manuals (practitioners are generally reasonable and competent) they also pick and choose features that they see as holding promise or being of merit. Programs are not as readily adopted as are selected strategies of ideas that are a part of the program.

What is important to note in the present context is that treatment fidelity is not the same as treatment quality: treatment quality refers to an expert judgment. We are not concerned with treatment quality (yet) when policies address implementing EBT and EST, but we do need to be very much concerned with the fidelity of the intervention. ESTs typically incorporate empirically-based strategies and follow therapist manuals. What is it like implementing a manual for treatment?

Manual-based Treatments: What do the critics and advocates say?

Let's first identify some of the comments offered by critics. Critics have pointed out that using a manual to deliver clinical services is too steadfast and linear, too much like a cookbook, likely to prevent creativity, lacking "individuality," and, the criticism perhaps most often stated, using a manual does not match real client presentations. Although it may surprise some readers, I do not disagree with these comments. In fact, some manuals do appear "cookbookish" and several lack attention to the necessary clinical sensitivities needed for proper implementation. An EST may not be at fault, but a less than optimally prepared and presented manual may be culpable.

Advocates of manuals, to varying degrees, have advanced that manuals require clinical skill. They also facilitate training, are necessary for evaluation, and, I think this is most important, can be done flexibly. When striving to implement ESTs, we can achieve flexibility within fidelity.

Flexibility within Fidelity: The Case of Treating Anxious Youth

In an effort to illustrate flexibility within fidelity, I will use some examples from work done in the area of treating children and adolescents who meet diagnostic criteria for an anxiety disorder. The EST that I will use for illustrative purposes involves 16 sessions; 8 are psychoeducational and 8 involve exposure tasks (Kendall & Hedtke, 2006; see also www.WorkbookPublishing.com; www.childanxiety.org). Although the program includes (and the youth experience) more than the following components used here as examples, these components will suffice for illustrative purposes: exposure tasks, rewards, parental participation, and celebrating success (e.g. certificate, commercial). In each, although the umbrella concept is in place, children experience an individualized program. For instance, exposure tasks are entirely individualized. Fear of grandmother's death, social rejection in the cafeteria, or distress about the ozone layer, each require exposure tasks specific to the child's presenting problem (see Kendall, Robin, Hedtke, Suveg, Flannery-Schroeder, & Gosch, 2005). Rewards, while consistent in value and in being contingent upon effort, vary considerably across clients. The young girl who chooses a colored pencil set receives an individualized reward, as does the young girl who chose nail polish. Parents may contribute as collaborators or as consultants, and to varying degrees, but all parents are involved. For a child with separation anxiety, the parental roles will be more involved than for a child whose anxiety disorder is social phobia. As a last example, each of the end-of-treatment events orchestrated for the participants is crafted by the child. There have been displays of bowling down "fear" pins, singing songs of courage, and cartoon illustrations of mastery experiences. The act of creating a commercial, and filming it, is consistent with the treatment protocol, but the actual event is entirely individualized.

When ESTs Become Policy: Transportability to Service Clinics

Even if practitioners in service clinics are willing to accept that an EBT/EST can be applied flexibly and that there are client-driven individualizations that are proper and preferred, "Will the transportation of an EST from a research clinic to a service clinic be without speed bumps? Perhaps not, and here are a few reasons. ESTs are a targeted effort -- treatment targets an identified problem and, for a time, puts aside other lesser matters. For example, a depressed and obese youth receiving an EST for depressed mood might not receive a specific treatment for obesity. Will such focus be well-received in service clinics?

Another concern has to do with training. Those whose graduate training experience included ESTs will not have to relearn; experienced practitioners without such graduate education would need to seek/gain needed training. Will they? And last, the supervision that is provided for ESTs is often focused and supportive supervision (Southam-Gerow & Kendall, 2006): 2 hours of weekly supervision for 4-5 cases. Is such supervision available in service clinics, and if not, can this affect the transportability of an EST to a service clinic (Kendall & Southam-Gerow, 1995)?

Easing Transportability

In an effort to advocate for a policy that ESTs be provided uniformly in practice, we need to make their transportability from research clinics to service clinics a reasonable goal. Note that the transportation of ESTs does not take place on a one-way street. There are efforts needed on the practitioners' side, but much of the work falls on the advocates' side. What are some ways we can ease transportability? Both (a) studying the process of an EST and (b) writing manuals that reflect flexible application are recommended.

Easing Transportability: Studying the Process of an EST

Practitioners are often intrigued, for good reason, with the process of psychotherapy. "What are the moment to moment features of the interpersonal interaction that are important for positive change?" By studying the therapy process within an EST, those who wish to advocate for and advance EST's can meet the practitioners on a field of mutual interest. Take the process variable "child involvement," defined as a child's active participation in treatment activities (e.g., Chu & Kendall, 2004; Braswell, Kendall, Braith, Carey, & Vye, 1985). This variable, coded from taped sessions of manualized treatment, has been found to predict both improvement and maintenance of gains.

Perhaps even closer to the interests of practitioners, research can address questions such as "What are the empirically-supported 'therapist relationship-building' strategies (Creed & Kendall, 2005)?" That is, "What is it that therapists do, as determined by research, which leads to a positive child rating of the therapeutic relationship?" It may indeed ease transportability to refer to recent findings (Creed & Kendall, 2005) that a "collaborative" therapist style (during the first 3 sessions) and an absence of "pushing the child to talk about distressing themes" were significant and meaningful predictors of a good child-rated therapeutic relationship.

Studies of the mediators of treatment response offer great promise as we now face the challenge of providing evidence-based explanations for change. To date, only a few published studies (e.g., Kaufman, Rohde, Seeley, Clarke & Stice, 2005; Treadwell & Kendall, 1996; Kendall & Treadwell, 2005) have examined the mediators of treatment response. Within the anxiety area, change in negative self-talk was found to partially mediate change in diagnostic status from pre- to post-treatment. Additional mediational analyses will not only address the underlying explanations for improvement, but also further facilitate the acceptance of EST among practitioners and allow policy decisions to take genuine hold in the real world. It is also of interest that ESTs have been found to have been implemented with flexibility (Kendall & Chu, 2000). Separate from the findings that may be reported, addressing topics and themes such as these ease the transportability of EST to practice policy.

Easing Transportability: Providing Manuals that Reflect "Flexibility within Fidelity"

One way to illustrate what is preferred in an EST treatment manual is to identify what has been done poorly. Treatment manuals should not be simple outlines, with no meat on the bones, nor should they be specific transcripts of exactly how the treatment is to be provided for every case. Quality EST manuals, and therefore transportable manuals, provide the structure, organization, sequence, and duration of the program, and note the goals of each session. Strategies to optimize the intervention are offered as well. When actually applied, a treatment manual permits therapist creativity and is not rule-bound, but the treatment is provided within the proscribed strategic approach. The manual permits strategies to be tailored to the individual, within the target goal, while also endorsing sensitivity to child/parent factors (Kendall, Chu, Gifford, Hayes, & Nauta, 1998). Ideal manuals are capable of being evaluated scientifically and implemented clinically.

Easing Transportability: "Goin' fishin' and showin' slides"

Although not yet widespread, some of the suggestions for facilitating the transportability of treatment manuals have been undertaken. Clearly, more would be better. Kiesler (1966; 1971) was correct in noting that there is no one treatment that is effective for everyone. We need to continue to address the question, "What therapeutic approaches are effective with which types of clients in producing which kinds of change?" and to disseminate the findings. The research designs can be cumbersome and complex, but they are necessary. Also, in part due to the absence of a viable economic engine to promote ESTs, there is sometimes non-benign neglect of even the most impressive data. Some mental health professionals are not impressed by and do not change their practice as a result of seeing data slides of clients' pre- and post-treatment means. The data are essential for ESTs, but we also need to go fishin' with those whose efforts are in daily clinical practice. We need to hear their issues and attend to them. We need to both go fishin' and show slides.

A Return to the Beginning

Sensitivity to practitioners' issues makes for informed research, but the research remains essential. There must be flexibility within fidelity. Without it we are no different from all those "healers" who have appeared on late night TV with bottled snake fluids. The data give us footing, buttressing a treatment approach over those of the data-less fields. Recall the question posed at the start of this paper. If we don't choose to be guided by the data, "What else would we do?"

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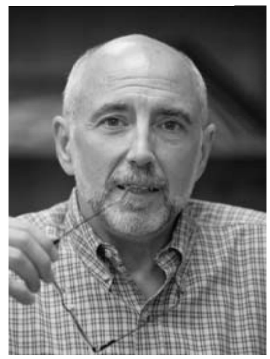

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Enhancing the Influence of Psychologists on Public Policy: Will More of the Same Do It?

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For the past 25 years, I have been involved in efforts to develop and evaluate data-based and value-based systems of care for children with serious mental health challenges and their families (Stroul & Friedman, 1986; Friedman, Best, Armstrong et al., 2004; Huang, Stroul, Friedman et al., 2005). This article presents some of the lessons I have learned about how psychology as a discipline can make a greater contribution to policy and system change. It builds largely on my experience with systems of care, an approach that has become official state policy in almost all states, and as Chair of the Department of Child and Family Studies, a large interdisciplinary department embedded within Louis de la Parte Florida Mental Health Institute (FMHI) of the University of South Florida, and as a policy mentor in our internship program (Weinberg, 2003).

Training in Policy and Systems Issues

A first step toward enhancing the influence of psychologists in policy would be to provide more direct training on policy and systems issues in graduate school. Reports from recent graduates of Ph.D. programs in psychology indicate that most current programs offer no courses on policy and systems issues. Some programs allow students to take such courses from other departments, and some programs offer opportunities for joint degrees in policy-relevant fields such as public health. The inclusion of a greater focus on policy in graduate training is consistent with the recommendations of a national task force on the preparation of psychologists to work with children and families (Roberts et al., 1998).

If we are to prepare a new generation of psychologists who are ready to make a significant contribution to policy, there are at least three areas that should be emphasized. First, students should study the research on policy development and implementation (Elmore, 1987; Friedman, 2003; Mazmanian & Sabatier, 1981) so that they can gain both a practical and scholarly understanding of the field. This should include a focus on strategies for achieving significant system change.

Second, students should study policy analysis and evaluation techniques so that they are prepared from a methodological perspective to be leaders in the development and implementation of data-based policies. When dealing at the macro level with complex, real-world systems, rather than at the micro-level with specific interventions for particular children and families, the opportunities are few and far between for researchers to use experimental designs, and there is some question about whether such designs are even appropriate (Victora, Habricht, & Bryce, 2004). Yet the service systems and policies in our communities represent the key independent variables and the laboratories for those interested in policy at the macro level, making it important that psychologists understand policy analysis and evaluation techniques.

Third, students should be knowledgeable about the policies that serve as the foundation for the mental health field and related fields. It is striking that many students report never having heard of significant reports such as the first-ever Surgeon General's Report on Mental Health (U.S. Department of Health and Human Services, 1999) and the report of President Bush's New Freedom Commission on Mental Health (2003). The Inter-Divisional Task Force on Children's Mental Health, a collaborative of eight APA Divisions led by Division 37, has done an excellent job of bringing together psychologists to address the research and policy issues called for in such reports (Saywitz & Nabors, 2005).

Multi-Disciplinary Training and Research

The report of an advisory group to the National Institutes of Mental Health (2001, p. 1) indicates that no other disorders "damage so many children so seriously" as mental health disorders, yet declares that the insularity of many disciplines involved in clinical practice and research is a major impediment to progress. It calls for the development of interdisciplinary research networks in child and adolescent mental health.

McGregor (2004) points out the important need for bringing multiple disciplines and perspectives together specifically when addressing complex social and policy issues. It is not unusual for graduate students to have a faculty member from a discipline other than psychology serve on a thesis or dissertation committee. But there are few opportunities for students to engage in extended discussion and dialogue with students or faculty mentors from other disciplines. An exception to this has been programs within several North Carolina universities that have brought faculty and students from a great variety of disciplines together for interdisciplinary training in systems of care (Arbuckle & Herrick, 2005). These universities have also included parents of children with serious mental health challenges in the classroom not only as occasional guest lecturers but also as co-instructors. At Florida Mental Health Institute, we offer our clinical psychology interns a policy rotation that is integrated with their training, and we are collaborating with several other universities to develop a graduate certificate in child and adolescent mental health with a strong system of care and interdisciplinary focus (MacKinnon-Lewis, 2004).

Such programs fit with a recent shift toward "transdisciplinary" scientific efforts, which seek to develop "new hypotheses for research, integrative theoretical frameworks for analyzing particular problems, novel methodological and empirical analyses of those problems, and, ultimately, evidence-based recommendations for public policy" (Stokols, et al., 2003). McGregor (2004) observes that transdisciplinary research is being conceptualized partly as an extension of interdisciplinary research, and partly as a new form of learning and problem solving that not only goes beyond traditional disciplines but goes beyond academia to include perspectives of a wide range of people.

Systemic Approach

Significant contributions to macro-level policy require an understanding of how complex systems operate. This is particularly clear in children's mental health where numerous service sectors and various levels of government are involved (Huang, Stroul, Friedman et al., 2005). The study of complex systems is a new field of science encompassing a number of approaches, such as complex adaptive systems (Agar, 2004; Plsek, 2001), systems dynamic modeling (Sterman, 2002), and complex systems (Bar-Yam, 2004). The common component of these approaches is a recognition that systems are composed of numerous parts or components that interact in complex and non-linear ways that result in collective behavior that cannot be inferred from or explained by studying the components in isolation of each other. Plsek (2001) has indicated that the real power of a system lies in the way that the parts come together and are interconnected to fulfill some purpose.

Sterman (2002) has noted that understanding complex systems requires mastery of concepts such as feedback, stocks and flows, time delays, and nonlinearity, and points out that often attempts to solve persistent problems are ineffective because of a failure to understand the multi-directional, dynamic, interactive relationships between components of a system, and the time delay between causes and effects. Langhout (2003) has proposed a continuum of research that extends from that which is particularistic and specific to that which is holistic and pattern focused. Clearly there is a value in research at both ends of this continuum, and at intermediate points within it. The challenge for psychology is to keep doing that which it does well but also to expand its theoretical, conceptual, and methodological base to include a stronger holistic, pattern focused, and systemic focus, and to expand its collaborative network for purposes of better being able to contribute to the solution of complex problems.

Research

Research on complex systems and problems is difficult at best. The task of even describing systems and communities is daunting, and the task of assessing the impact of particular interventions at multiple levels and in multiple sectors is especially challenging. Yet, if significant progress is to be made in addressing important social issues, this type of research must be undertaken.

An example of this is the multiple efforts around the country to determine how to accomplish the vision of the President's New Freedom Commission on Mental Health (2003) to "transform" the current system into a more effective system. Such an effort would be greatly facilitated if there were a strong research base on strategies for achieving large-scale, system-level transformations. Together with colleagues both inside and outside of academia, we have struggled to try to assess the knowledge base for system transformation and determine how to further develop that knowledge base, and we have found that it calls for using a wide range of research approaches.

On a smaller scale, but still at a macro level, we have recently developed a framework for implementation of effective systems of care (Friedman, 2005). Many of the factors in this framework are not easily measured, and the connections between the components of the framework, which may be the most important element, are even more difficult to measure. Yet if progress is to be made in implementing effective systems of care, such research is important.

These are examples of policy and systemic issues that do not lend themselves to easy study, or to the exclusive use of traditional research methods. We have found ourselves relying more and more on mixed methods of research, including more ethnographic and qualitative methods, and certainly more holistic and pattern focused methods, as described by Langhout (2003). These approaches have not provided easy answers although they have been helpful. Nor have our collaborators from other disciplines offered easy answers. However, such methodological solutions are necessary so that policy can be as data-based as possible, and can be evaluated as thoroughly as possible.

In talking about research and scholarship on promoting wellness, Kelly (2000) noted that while psychology's research tradition has been dominated by empirical investigations with tests and scales and experiments, "the wellness scholar adopts new directions and listens to the stories of persons as they describe the people, occasions, and events that have made it possible for them to become more socially developed, competent, and effective in their coping" (p. 112-113). He describes the research enterprise as a pluralistic process using a range of methods and data. Similarly expanding our repertoire of research methodologies in the field of children's mental health will help us advance research and policy.

Summary

Psychology has made enormous contributions to understanding human development and creating interventions that can assist at the level of the individual child and family. If psychology is now serious about both addressing persistent, serious, and complex social problems and focusing policy at the macro level, then more of the same by itself is not likely to get the job done. In addition, it is going to take the kinds of transformations and extensions in preparation of graduate students, in collaboration with other disciplines, in conceptual frameworks, and in research methodologies that I have discussed above.

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Putting Results into Practice: Advocacy in Child Mental Health

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The five articles in this issue illuminate the tension between the rigorous discipline of the scientific method and the need of scientific professionals to advocate and train in advocacy and weigh in on difficult issues of societal importance. Researchers and academicians have long struggled with the desire to influence public policy (or not) and the fear that doing so would somehow soil or tarnish the research in question or the motivation for having done the research. The "hat" issue has been foremost: What multiple hats (roles) will the psychologist be playing if he or she chooses to do research and then advocate? Are the multiple hats compatible? Grisso and Steinberg (2005 and this issue) remind us that this is what Urie Bronfenbrenner described as being caught between a rock (science) and a soft place (advocacy). Scientists are concerned that results would be sullied by intent to "be on the side of the children." The result of this tension is disengagement (DeLeon, Loftis, Ball, & Sullivan, 2006) and lack of commitment to children in public policy (Portwood, 2006) and in mental health planning. This issue of the *Child and Family Policy and Practice Review* contains contributions that provide blueprints for researchers, practitioners, and academicians to engage effectively in advocacy and translation of research to practice.

In this era when news readers are exposed to daily flipflops regarding research findings on effects of everything from daycare, diet, medication, and alcohol consumption to global warming, it is no surprise that researchers are wary of entering the fray. Indeed, for researchers who desire to be advocates, the responsibility is significant. Not only do studies need to be carefully designed, but also the research questions must be posed in ways that are fair and even handed, and the statistical analyses and description of such need to be understandable, responsible, and reflective of a balance and fair test of the hypotheses (Grisso & Steinberg, 2005) — this is a heavy burden for the responsible researcher. Maton and Bishop-Josef (2006) give us historical background as a tool in understanding child advocacy. We are reminded that the optimism of the 1960's and the hope and promise of the War on Poverty were not fully met, with the exception of Head Start which has instilled the idea of early intervention as viable policy. However, enthusiasm and momentum of direct impact of research findings upon public policy was dampened after the sixties (Maton & Bishop-Josef 2006). Further, psychology has been accused of allowing guild interests and concern for professional survival to prevent us from pursuing societal needs and social advocacy (Robinson, 1984). However, potential for influence and advocacy is great through convening American Psychological Association (APA) task forces, working with APA's Practice Directorate, reviewing policy-relevant research literatures and communicating conclusions, conducting congressional briefings, and practitioners and researchers communicating with policymakers (Maton & Bishop-Josef, 2006). Division 37 exists primarily to foster all of these activities.

The omission of advocacy from much of professional psychology is curious. The role of "social interventionist" is an ethically explicit role within psychology. The Preamble to the American Psychological Association's Ethical Principles and Code of Conduct (APA, 1992, 2002) states that psychologists ". . . strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness."

Whether social policy and advocacy should be a topic in psychology training has been controversial. Our own

Division 37 and its Section on Child Maltreatment are at the forefront of APA efforts in advocacy training, integration, and practice. In fact, we are in the process of developing advocacy training tools and programs for psychologists who want to do research-based advocacy on behalf of children and families. Unfortunately, such tools are needed because advocacy has not been a subject in the majority of professional psychology graduate training programs (Friedman, this issue; Newman, 2004) and are neglected in internship and postdoctoral work as well. Recently, there have been multiple sources of support for increased attention to advocacy and policy in graduate curricula. Friedman (this issue) reminds us that greater focus on policy in graduate training is consistent with the recommendations of a taskforce on training psychologists to provide services to children and adolescents (Roberts, Carlson, Erikson, Friedman, LaGreca, Lemanek, et al., 1998). The taskforce advocated training in systems of care and an increase in responsiveness of community and service systems to the needs of children, adolescents, and families. Further, in 2004, the National Council of Schools and Programs of Professional Psychology (NCSPP) passed a motion including advocacy as a professional value and attitude in psychology training. They stated, "Advocacy as a professional value and attitude promotes the knowledge and skills of the professional psychologist toward promoting the interests of individual clients, systems of care, public health and welfare issues, and/or professional psychology itself." But still, Friedman (this issue) states that most doctoral psychology programs currently offer no courses on policy, systems, and only minimal exposure, if any, to these. Regarding the content of pre-internship training, Kaslow, Pate, and Thorn (2005) commented on the discrepancy between the Association of Psychology Postdoctoral and Internship Centers definition of practicum activity (defined as actual clock hours in direct service to clients/patients) and training directors' description of practicum hours in which about half of the sample included advocacy as an appropriate practicum activity. Recent critiques describe "silo training" (Harowski, Turner, LeVine, Schank, & Leichter, 2006), or training that is overly narrow and specialized. They suggested that current psychology curricula neglect multidisciplinary team approaches, relationship to the real word, and particular skills necessary for functioning across diverse settings. Some have argued that interdisciplinary and interprofessional collaboration may run counter to "professionalism" or psychologist as expert to be imbued in trainees resulting in graduate programs not promoting collaborative approaches (Walsh, Brabeck, & Howard, 1999). This stance promotes competitiveness between professions and erects barriers that are potentially detrimental to provision of services to children.

The narrow focus and methodologies of much psychological research can limit scientific conclusions to the seemingly obvious. That is, absolutely verifiable conclusions sometimes contain limited information or application. Part of the issue is the empiricist approach which excludes anthropology and more holistic approaches. Consider the balloonist who has floated all the way across the Atlantic Ocean, spots land, and yells down to a person on the shore to ask where he is. The answer is "you are in a balloon 1000 feet above land," which is an accurate answer, but of little use. The advocate, whether paid to espouse a supportable position in a legal proceeding or to lobby on behalf of legislation or public policy initiatives, is faced with the need to step out at least a little from positions that have support in data with absolute unquestionable certainty. Rarely is the practical world so clearcut. The tension involves a respect for scientific method but also a respect for its limits. Once one departs from the safe world of pure scientific method, one of the only safeguards is the personal integrity of the advocate in dealing fairly with the data and clearly explaining the degree of confidence or lack of confidence in the conclusions. There is a significant need to introduce the essential factors of multiculturalism and diversity to expand our frames of thinking and contextual validity.

There is increasing sentiment that advocacy, social policy, consideration of diversity, training, and research are inseparable. Multiple divisions within APA are turning to advocacy to further their missions and that of the populations they serve. The articles in this issue provide invaluable guidance and pathways towards effective practice, as I now note for each paper in turn.

In each of the articles in this issue, the authors approach the sensitive issue of how to influence society and advocate in the most professional manner. Goodman confronts the question of how dedicated scientists and researchers can influence policy. She provides abundant examples of how a body of research can provide information on both immediate and long-term consequences of such things as a child testifying against a parent. She highlights the danger of the psychologist becoming a "hired gun" contrasted with the benefits of testifying as a "neutral" expert in court, the value of working on amicus briefs, and of providing testimony to legislative staff on

Capitol Hill. Most important, she summarizes our ethical responsibility to ensure that research data not get to legislators before we ourselves understand how findings might be limited by methodological, statistical, and other issues.

Grisso and Steinberg provide a roadmap to planning, executing, and finalizing a multidisciplinary project that drew a significant distinction between science and advocacy. They aptly describe the hazards along the way and their thinking to avoid them, maintaining an integrity that gave their conclusions even more power. This is an important article that provides a template for approaching potentially value-laden research.

Kratochwill and Hoagwood describe training deficits in evidence-based treatments, pointing out that omission of evidence-based guides has severely hampered implementation in routine care of children. They provide an excellent framework for conceptualizing the systemic change that must occur, the contextual analysis omissions (referring this time not to diversity or culture of the client but of the institution and provider environments). This area of research represents a potential bridge over the biggest gulf between academia and the practice community. The strategies offered provide some hope that the divide will lessen.

Kendall addresses the questions raised by use of manuals as a vehicle for transportability, ensuring that treatments developed in academic settings reach the community of child mental health practitioners. Urging flexibility within the adaptation of the manuals, yet fidelity to the essential components, Kendall responds to the "usual care" child therapists who argue that manuals are cookbooks and clinically insensitive. Critical components of treatment for anxious children have been empirically identified and studied. Yet, Kendall points out that graduate training does not adequately teach models built upon those findings, and that lack of training is a large barrier to transportability and that intensive supervision is required to ensure fidelity to the model. Kendall believes that unless we incorporate flexibility into fidelity, we would be no different than late night TV healers espousing snake oils.

Finally, Friedman reflects on the disconnect of students from policy context such as the New Freedom Commission on Mental Health and the Surgeon General's Report on Mental Health. He maintains that these documents, which will determine mental health service provision for years to come, are unknown to most graduate students, as is knowledge of policy analysis, evaluation, and macro-factors influencing children and families. In urging trans-disciplinary study, acknowledgement is made that systems are complex and non-linear and defy most of our attempts to intervene simplistically. Friedman makes an impassioned plea for psychologists to expand repertoires and embrace macro-approaches and alternative ethnographic and qualitative methodologies.

How quickly can change occur? How quickly can advocacy be incorporated more broadly into training and thus into practice? Michael Roberts (2005) wrote;

> Changing clinical psychology may be likened to turning an ocean liner; it takes a plan, care, patience, and time. The inertia of the status quo prevents inappropriate sudden movements in the progress of the field while also unfortunately impeding appropriate and innovative adaptation to changes in the environment and within the field itself. Fortunately, clinical psychology as a ship can maneuver more than if it were a railroad train held rigidly in its direction by tracks. (p. 1081.)

As Shullman, Celeste, and Strickland (2006) remind us, the work of advocacy and influencing public policy is more akin to a marathon than simply a sprint! Actually, it is a lifelong proposition, requiring a significant culture shift, with these articles paving a way.

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Postdoctoral Position: Study of Family Processes and Adolescent Smoking & Other Problem Behaviors at University of Illinois-Chicago

The Institute for Health Research and Policy (IHRP) and the Institute for Juvenile Research (IJR) at the University of Illinois at Chicago (UIC) announce an opening for a two year postdoctoral research position beginning in summer, 2007. The position is funded by the "Family Talk" Study (Lauren Wakschlag, Ph.D., PI), which examines the influence of family processes on trajectories of adolescent smoking and co-occurring antisocial behavior, substance abuse and sexually risky behavior. Innovative observational coding of parent-teen communications about smoking form the core of the family process data. Family Talk is embedded in an NCI-funded Program Project (P01) (Robin Mermelstein, PI), a multi-level investigation of the influence of social-emotional factors on smoking trajectories in a sample of teens at high-risk for smoking. The individual will join as a member of the P01 multi-disciplinary investigative team, which includes developmental psychopathologists, health psychologists, clinical psychologists, biostatisticians, and sociologists.

Responsibilities include data analysis and manuscript preparation in collaboration with others on the investigative team, including as lead author on several papers, with opportunities to develop independent research and/or grant submissions. The P01 Biostatistics Core, directed by Dr. Hedeker, will provide state-of-the-art analytic support. The scientific focus of the position will be on modeling of problem behavior trajectories, including family influences and individual differences in patterns over time. The position provides experience in the day-to-day conduct of large scale, longitudinal investigations advanced methods of data analysis, development of independent research and grant-writing. The individual will also be encouraged to participate in intellectual exchange and career development activities of both Institutes.

The post-doc will work closely with Dr. Wakschlag, but will also have opportunities for collaboration with IHRP and IJR faculty conducting a range of studies in the areas of youth problem behavior, developmental studies of disruptive behavior, community-based prevention and longitudinal modeling. Faculty include Robin Mermelstein, Ph.D., Donald Hedeker, Ph.D., Jon Kassel, Ph.D., Sue Curry, Ph.D., Paul Rathouz, Ph.D., Patrick Tolan, Ph.D., David Henry, Ph.D., Deborah Gorman-Smith, Ph.D., Geri Donenberg, Ph.D., Brian Mustanski, Ph.D., Edwin Cook, M.D., Bennett Leventhal, M.D., Marc Atkins, Ph.D., Stacy Frazier, Ph.D. and many others. IHRP and IJR are housed in a new facility with extensive resources and faculty dedicated to prevention, public health and developmental psychopathology research. In addition, these two leading Institutes provide entrée to the rich resources and opportunities of a leading research university and a thriving urban community.

This two-year position is intended for individuals pursuing a research career. Candidates should have demonstrated research experience/training in developmental psychopathology and/or modeling of developmental trajectories. Completion of the doctorate prior to the start of the position is required. Competitive salary and benefits. Opportunities for licensure hours possible.

Applicants should submit a vita, three letters of recommendation, statement of research interests and career goals to Dr. Wakschlag. For fullest consideration materials should be sent by February 1st, 2007 via email: lwakschlag@psych.uic.edu, or mail: Institute for Juvenile Research, Department of Psychiatry, University of Illinois at Chicago, 1747 W. Roosevelt Road, MC 747, Chicago, Il. 60608. UIC is an Equal Opportunity/ Affirmative Action Employer.

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