

DIRECTOR'S CORNER

I hope that you enjoy our first issue of the Center for Children & Families' (CCF) quarterly



newsletter. Our newsletters will highlight recent events and projects being conducted in the Center's six initiative areas: children's mental health, child welfare, child health, schools/education, family well-being, and community.

Also be sure to explore the Center's website (childrenandfamilies.ku.edu) and follow the Facebook page to stay up to date on the latest news and happenings.

We have also recently adopted a new logo, a parent and child with a sunflower, which you can see in this newsletter. Sunflowers are not only the Kansas state flower, but they also symbolize warmth, happiness, and longevity. The logo reflects the Center's commitment to Kansas communities and to the well-being of diverse children and families.

—Amy Mendenhall,
Director of CCF



CENTER *for*
CHILDREN
& FAMILIES

UNIVERSITY OF KANSAS
SCHOOL OF SOCIAL WELFARE

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Toxic Stress in Early Childhood

Adverse experiences early in life have been shown to have long-lasting impact on child development and health throughout the lifespan. Toxic stress—a type of stress that occurs when adversity is coupled with the absence of nurturing caregiving—can result in dysregulation of the child stress response system and changes to the architecture of the brain that lead to long-term health and mental health problems. Research has shown that interventions that target parenting to improve the child's environment and promote caregiver sensitivity and secure attachment can help protect children from the impact of early adversity and toxic stress.

As a result, researchers at the University of Kansas School of Social Welfare Center for Children & Families and the Schiefelbusch Institute for Life Span Studies at Parsons in partnership with early childhood agencies in Kansas, are developing and testing strategies for screening to identify children experiencing environmental risk before behavioral issues begin to emerge and facilitating scale-up and testing of a brief intervention that aims to strengthen caregiver sensitivity and attachment to promote child coping and resilience against adversity.

"Waiting until we begin to notice disruption to the child's behavior is often well past the time when toxic stress has begun impacting the child's brain structure and development. It is crucial that we find a way to intervene earlier and support healthy development rather than try to course-correct after the fact. We want to improve screening and intervention to support a positive life trajectory as early, effectively, and efficiently as possible," said Kaela Byers, principal investigator of this project, along with co-investigators Dr. Tom McDonald of the KU School of Social Welfare and Dr. David Lindeman of the KU Life Span Institute at Parsons.

This project is in its third year and has been conducted with support from the United Methodist Health Ministries Fund and the Kansas Department of Aging and Disability Services.

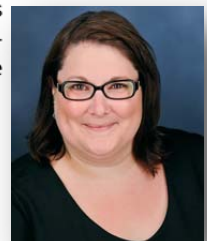
As part of this project, providers at participating agencies are trained to deliver Attachment and Biobehavioral Catch-Up (ABC), an intervention developed by Dr. Mary Dozier at the University of Delaware. ABC is a 10-week home-visiting program for families with children ages zero to three that has shown effectiveness in promoting safe, stable, and nurturing care that leads to better child and family outcomes.

While the current research study will be completed in June 2015, ABC services will continue to be available to families at the participating agencies that have certified providers on staff. Additionally, researchers plan to disseminate the validated screening tool for use in identifying children in need of additional supportive services.

However, despite progress in optimizing early childhood services to promote healthy child social-emotional health via this and other innovative efforts currently underway in various programs around the state, a wide gap in community mental health services for young children still exists. Psychotropic medication use and mental health hospitalization persists at alarming rates among this population.

Therefore, it is imperative that future directions in research continue to examine and improve mental health services for young children as well as policies that dictate our treatment of this particularly vulnerable population.

For additional information, email Kaela Byers (kaela@ku.edu).



RECENT PUBLICATIONS

- Akin, B., Brook, J., & Lloyd, M. (in press). Examining the role of methamphetamine in permanency: A competing risks analysis of reunification, guardianship, and adoption. *American Journal of Orthopsychiatry*.
- Akin, B., Mariscal, S., Bass, L., Bhattarai, J., McArthur, V., & Bruns, K. (2014). Implementing an evidence-based intervention to reduce long-term foster care: Practitioner perceptions of key challenges and supports. *Children and Youth Services Review*, 46, 285-293. doi: 10.1016/j.childyouth.2014.09.006
- Brook, J., Akin, B., Lloyd, M., & Yan, Y. (in press). Family drug court, targeted parent training and child reunification: Did this enhanced service strategy make a difference? *Juvenile and Family Court Journal*.
- Bryson, S., & Akin, B. (2015). Predictors of admission to acute inpatient psychiatric care among children enrolled in Medicaid. *Journal of Administration and Policy in Mental Health*, 42(2), 197-208. doi: 10.1007/s10488-014-0560-6
- Carlson, J., Edleson, J. L., & Kimball, E. (2014). First-time fathers' experiences of and desires for formal support: A multiple lens perspective. *Fathering*, 12(3), 242-261.
- DePaolis, K. J., & Williford, A. (2014). The nature and prevalence of cyber victimization among elementary school children. *Child and Youth Care Forum*. doi: 10.1007/s10566-014-9292-8
- Frauenholtz, S., Hiebner, A., & Mendenhall, A. N. (2015). Clinicians' perspectives on parent's knowledge about children's mental health. *Journal of Family Social Work*, 18(1), 40-56. doi: 10.1080/10522158.2014.974116
- Freisthler, B. J., Price-Wolf, J., & Johnson-Motoyama, M. (2015). Understanding the role of context-specific drinking in neglectful parenting behaviors. *Alcohol & Alcoholism*. doi: 10.1093/alcalc/aggv031

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Parent Support and Training (PST) Best Practices Protocols



Across the country, mental health agencies are embracing the concept of family-driven care, which posits that families have a primary decision-making role in their children's care and are actively engaged in the design of policies that promote quality care for all children. Researchers in KU's CCF have developed a model of family-driven practice, called the Parent Support and Training (PST) Best Practices Protocols. The PST Best Practices have been shown to improve home stability of youth with significant mental health needs in Kansas. A unique feature of the PST Practice is that it fosters peer support in a way that allows parents to help other parents, empowering them to better care for themselves and their children with unique needs. Family Support services, like PST, have been growing in popularity across the country since the mid '90s when family advocates in children's mental health became vocal about the vital role families play in their children's health and well-being.

"Federal agencies such as the Substance Abuse Mental Health Services Administration have an interest in family support practices because they have the potential to improve families' understanding and utilization of existing services. This kind of engagement in services improves access and quality of existing social services. Some states—like Kansas—have funding in the public mental health system to implement family support services. As far as we can tell, no one has a clearly defined model that can be implemented statewide, or training, and a way to evaluate effective implementation," said Sarah Davis, project manager of KU's Parent Support Services and Training Team.

Dr. Tom McDonald is the Principal Investigator of the project. The PST team has developed tools to implement the training and partnered with the State of Kansas Division on Aging and Disability Services and KU's Center for Online and Design Learning to develop a blended training methodology for PST providers. The training introduces the 34 best practices online first and then provides an orientation and assessment of the providers' comprehension of the practices. The providers may then attend an interactive live training or webinar for further support and assistance.

This year, the PST team is testing the PST model for families who care for a person with an intellectual or developmental disability. A random sample of families were selected from a statewide waitlist and the PST team will conduct pre and post-intervention evaluations to determine how well the PST Best Practices worked to mobilize resources and identify individualized strategies to improve family outcomes.

Early results are promising, the team reports. "The more we learn about PST services the more apparent it becomes that the model can be applied to any family facing adversity," April Patton, Education Program Coordinator, said. "The service gives hope to families: It is the voice of someone who has been through it before that believes that the family has the capacity to overcome."

For more information, email Sarah Davis (shdavis@ku.edu).

The Raising of America Film Screening

On March 2, at Liberty Hall in Lawrence, CCF and the Center for Public Partnerships & Research co-sponsored a screening of the film, *The Raising of America: Early Childhood and the Future of Our Nation*. The film is part of a powerful new documentary film series and public engagement campaign exploring how a strong start for all of our children can lead to a healthier, stronger, and more equitable United States. An engaging panel and audience discussion followed the film.

The screening had close to 300 attendees. Amy Mendenhall, CCF Director, said, "We were excited to see such a great turnout with individuals representing all different backgrounds and organizations. An investment in early childhood benefits us all, whether we are parents, educators, service providers, business owners or policymakers."

The entire film will air on PBS sometime this spring.



The Kansas Intensive Permanency Project

The Kansas Intensive Permanency Project (KIPP) is a five-year federally-funded demonstration project led by the co-Principal Investigators, Drs. Becci Akin and Tom McDonald, at the KU School of Social Welfare (KUSSW) and the CCF. KIPP is one of six cooperative agreements in the federal Permanency Innovations Initiative (PII), which seeks to reduce long-term foster care for specific subgroups of children that face the most serious barriers to permanency. Each grantee went through an intense planning phase to identify its specific target population and select an intervention. In Kansas, the project was designed to test, through a randomized controlled trial (RCT), the effectiveness of a behavioral parenting intervention for children in foster care who have serious emotional disturbance (SED). The selected intervention is Parent Management Training Oregon model (PMTO) and the outcomes of interest are children's social emotional well-being, parent functioning, and permanency. KIPP is implemented statewide across the four regions that comprise Kansas' foster care system, and guided by a Steering Committee made up of leaders from KUSSW, the Kansas Department for Children and Families (DCF), and each private foster care agency—KVC Kansas and Saint Francis Community Services (SFCS).

Besides being unique by using an RCT in child welfare, KIPP and the PII demonstration project are distinguished by several important features. PII uses a purposeful approach to systematic implementation and rigorous evaluation. The project has applied best practices and technical assistance that focus on the dual im-

portance of implementation integrity and intervention validity (for additional info, see Akin, Bryson, Testa, Blase, McDonald, & Melz, 2013; and Akin, Testa, McDonald, Melz, Blase, & Barclay, 2014). Using this methodical approach has two key aims: 1) to build evidence for replicable interventions that can be used in real-world child welfare settings, and 2) to build capacity within child welfare for using implementation science and rigorous evaluation, such as RCTs.

Another important feature of KIPP is its statewide public-private-university partnership. KIPP's leadership team has worked collaboratively to guide the project since its formation in June 2010 and has been instrumental in its successes. In addition to bringing a new evidence-based intervention (EBI) to Kansas child welfare and implementing it statewide, the KIPP Steering Committee has also worked collaboratively on national dissemination activities to share lessons learned from the implementation. For example, in October 2013, Dr. Akin, Dr. Linda Bass of KVC Kansas, Vickie McArthur of SFCS, and Patricia Long of DCF delivered a national webinar on scaling-up evidence-based interventions. This May, the group heads to Dublin, Ireland, for the Global Implementation Conference to present on KIPP and the key supports and challenges to effectively build an implementation infrastructure for long-term sustainability.

For additional information, email Becci Akin (beccia@ku.edu).

Hawley, P. H., & Williford, A. (2014). Articulating the theory behind bullying intervention programs: Views from social psychology, organizational science, and social work. *Journal of Applied Developmental Psychology*. doi: 10.1016/j.appdev.2014.11.006

Johnson-Motoyama, M., Putnam-Hornstein, E., Dettlaff, A., Zhao, K., Finno-Velasquez, M., & Needell, B. N. (2014). Disparities in reported and substantiated infant maltreatment by maternal Hispanic origin and nativity: A birth cohort study. *Maternal and Child Health Journal*. doi: 10.1007/s10995-014-1594-9

Kapp, S. A., Rand, A., & Damman, J. L. (2015). Clinical gains for youth in psychiatric residential treatment facilities: Results from a state-wide performance information system. *Residential Treatment for Children & Youth*, 32(1), 37-57. doi: 10.1080/0886571X.2015.1004287

Lucksted, A., Mendenhall, A., Fraunholtz, S., & Aakre, J. (in press). Experiences of graduates of the Mental Health First Aid-USA course. *International Journal of Mental Health Promotion*.

Vandiver, S., Malm, K., Zinn, A., Allen, T., & McKlindon, A. (2015). An experimental evaluation of a child-focused adoption recruitment program for children and youth in foster care. *Journal of Public Child Welfare*. doi: 10.1080/15548732.2015.1008620

Zinn, A. (2015). A typology of supervision in child welfare: Multilevel latent class and confirmatory analyses of caseworker-supervisor relationship type. *Children and Youth Services Review*, 48, 98-110. doi: 10.1016/j.childyouth.2014.12.004

Zinn, A., & Courtney, M. (2014). Context matters: Experimental evaluation of home-based tutoring for youth in foster care. *Children and Youth Services Review*, 47, 198-204. doi: 10.1016/j.childyouth.2014.08.017

Zinn, A., & Courtney, M. (2015). Helping foster youth find a job: A random-assignment evaluation of an employment assistance program for emancipating youth. *Child & Family Social Work*. doi: 10.1111/cfs.12212

CCF MISSION

The Center's mission is to positively impact the lives of children and families through empirically-driven local, national, and international research, training, and policy initiatives. By utilizing a collaborative, strengths-oriented, child and family-driven approach, we strive to improve child and family well-being across settings and systems.

CCF GOALS

Overall, the CCF has a goal of improving child and family well-being and outcomes. We strive to meet this primary goal through several specific goals:

1. Improvement of systems and service delivery for children and families through: research, policy development, program evaluation, community development, and technical assistance and education.
2. The development, identification, evaluation, and dissemination of prevention and intervention strategies for at-risk children and families.
3. Improvement of statewide capacity and practices for addressing child and family issues.
4. Establish the CCF as a vital community resource and a nationally recognized research team with expertise in child and family well-being.

School Based Mental Health

A substantial number of children and adolescents experience mental health needs, which are associated with a number of negative outcomes when untreated, such as poor academic performance; emotional, social and behavioral impairments; increased health risks; and premature death. Despite these adverse outcomes, only half of the children identified as needing mental health treatment receive much-needed care. A new project funded by the Kansas Department of Aging and Disability Services aims to identify ways in which collaboration between K-12 schools and community mental health providers may be improved to better meet the mental health needs of students. The project, School Based Mental Health, is led by principal investigator, Dr. Anne Williford, and co-investigator, Dr. Amy Mendenhall.

Results of the project to date, including interviews and surveys with key statewide stakeholders in education and mental health as well as with parents, indicate overwhelming support for advancing effective practices in providing school-based mental health care. Results also reveal a number of successful collaborative models in Kansas and from around the country as well as exciting opportunities to enhance services to children and their families. "We are excited about the continuation of this project and look forward to identifying future partners for a pilot test of targeted practices to improve the identification, referral, and collaboration among schools and community mental health providers," said Dr. Williford.

For more information, email Anne Williford (awilliford@ku.edu).

PCORI Engagement Award for Rural Health Research

A team of Center researchers has been approved for a Eugene Washington PCORI Engagement Award by the Patient-Centered Outcomes Research Institute to support work focused on how to implement patient-centered medical homes in rural areas so that the model can be successful in rural and frontier areas while supporting the outcomes that rural patients value.

Dr. Amy Mendenhall will lead the engagement project in collaboration with research staff, Cheryl Holmes and Michelle Levy. The project is being conducted in collaboration with the following community partners: REACH Healthcare Foundation, Thrive Allen County, Health Care Collaborative of Rural Missouri, and Community Health Center of Southeast Kansas. Qualis Health will provide consultation. Additionally, patients and caregivers from local communities as well as representatives from state and national groups will be active participants in the work.

"Each of our key partners brings a critical perspective and expertise," noted Cheryl Holmes. "Rural settings often have unique needs based on their environmental and cultural realities. So to make it truly relevant to a rural community, it is essential that we have rural voice, front and center, to guide the work. But provider voice is not enough. We need patients and caregivers actively involved as well."

For additional information, email Amy Mendenhall (amendenhall@ku.edu).

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Center for Children & Families
School of Social Welfare
The University of Kansas
207 Twente Hall
1545 Lilac Lane
Lawrence, KS 66044

