



ur Children Our Community

Fostering Safety, Stability, and Well-Being



UNION
UNIVERSITY

Next Steps:
What You Can Do

etiology



The **scientific** study of what causes a particular problem.

Nature vs. Nurture

ecological approach to etiology





Risk Factors

Fraser & Terzian

any event, condition, or experience that increases the probability that a **problem** will be formed, maintained, or exacerbated



Protective Factors

Fraser & Terzian

resources

(individual or environmental)
that minimize the impact of risk



etiology

cumulative

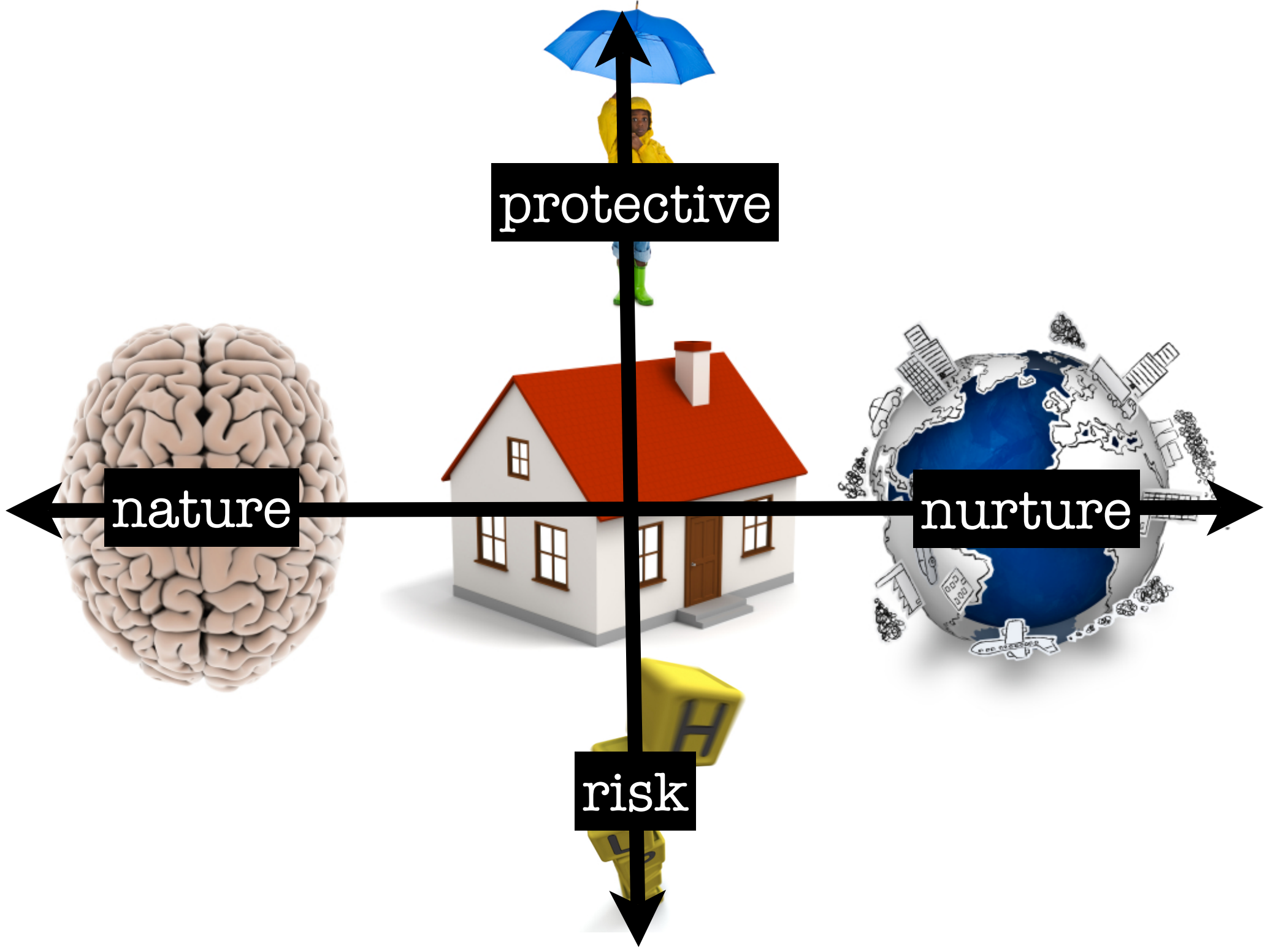
complex

single causes are a myth

The scientific knowledge we have gained about the causes and “cures” of problems effecting children has not yet been “systematically applied to policy or program design”.

Jenson & Fraser





protective

nature

nurture

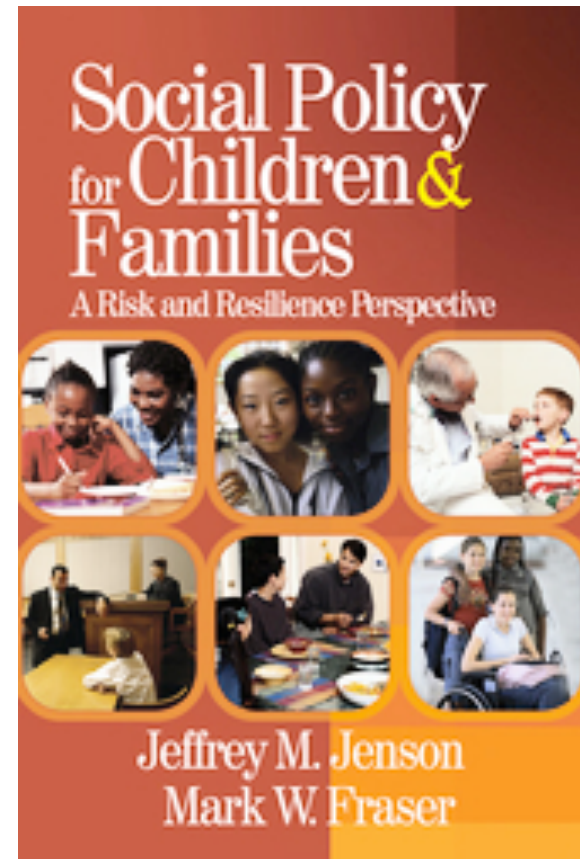
risk



policy & programs

Jenson & Fraser conclusions

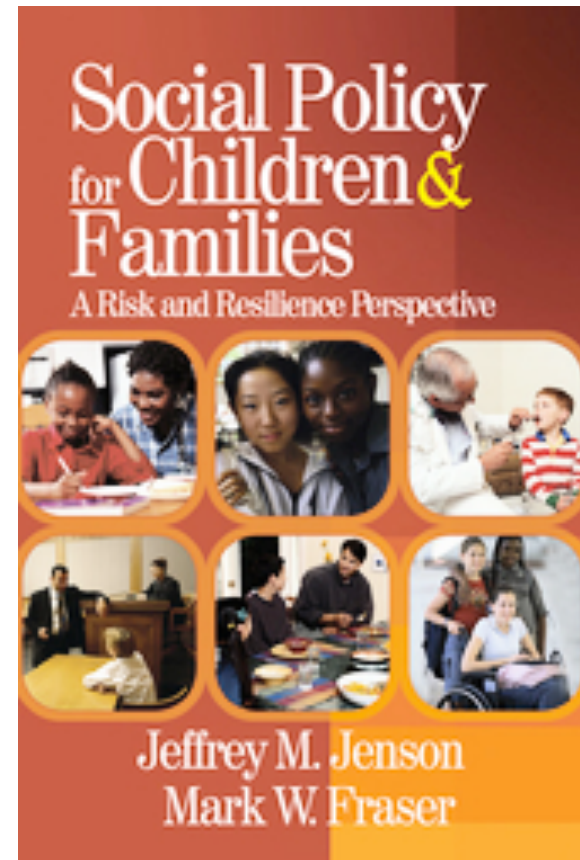
existing service
systems are **confusing**
to practitioners and
families



Jenson & Fraser conclusions

common risk and protective factors are seen in each of the “problem” areas...

child welfare
juvenile justice
mental health
health
education

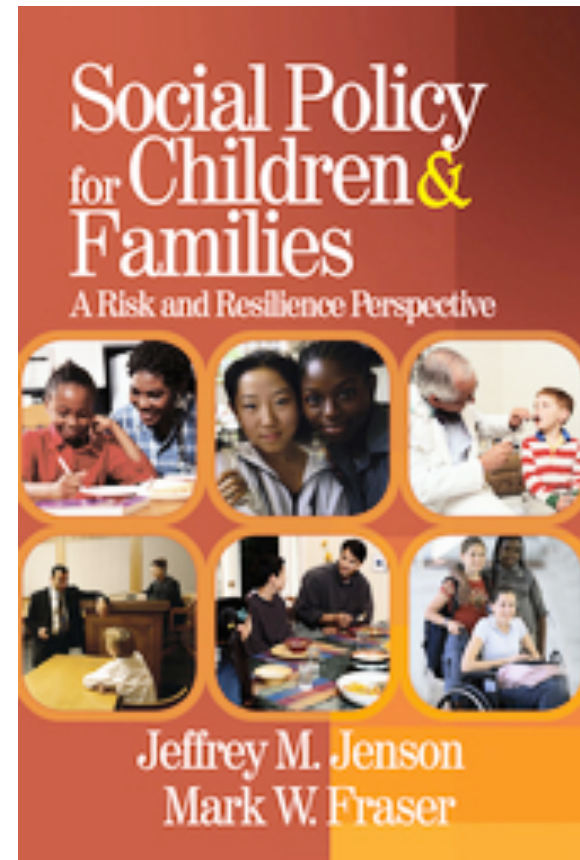


Jenson & Fraser conclusions

poverty
poor parenting
community disorganization

risk factors for....

juvenile delinquency
substance abuse
child maltreatment

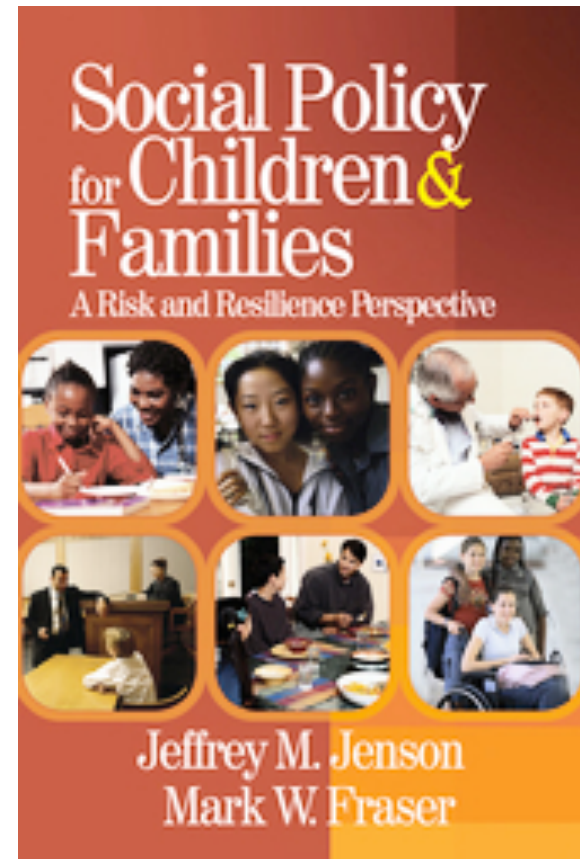


Jenson & Fraser conclusions

policy is often created in
quick reaction to **public**
opinion of a current issue

No Child Left Behind

proactive and **positive**
rather than reactive and
risk focused

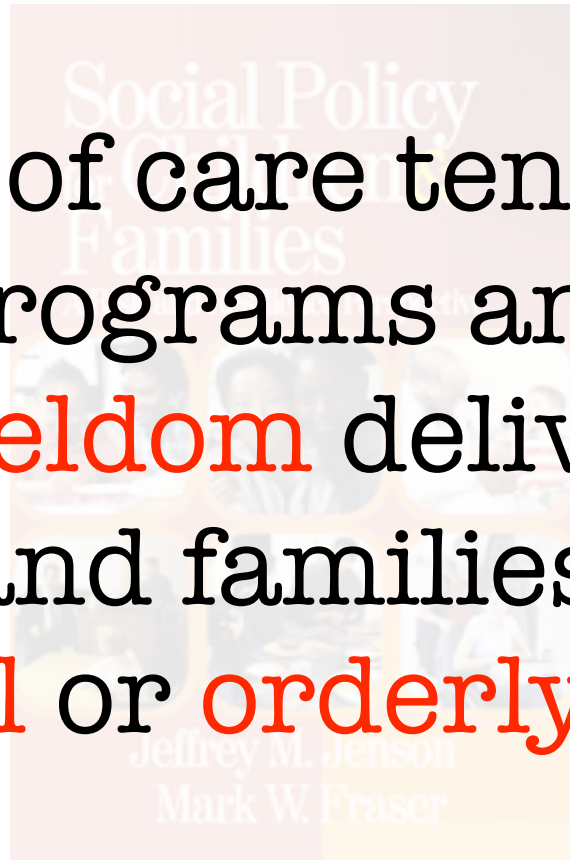


Jenson & Fraser conclusions

“When pressured to respond to real or apparent changes in the nature of child or adolescent problem behavior, officials frequently turn to convenient policy solutions that **fail to address the underlying risk and protective factors** associated with the problem”.

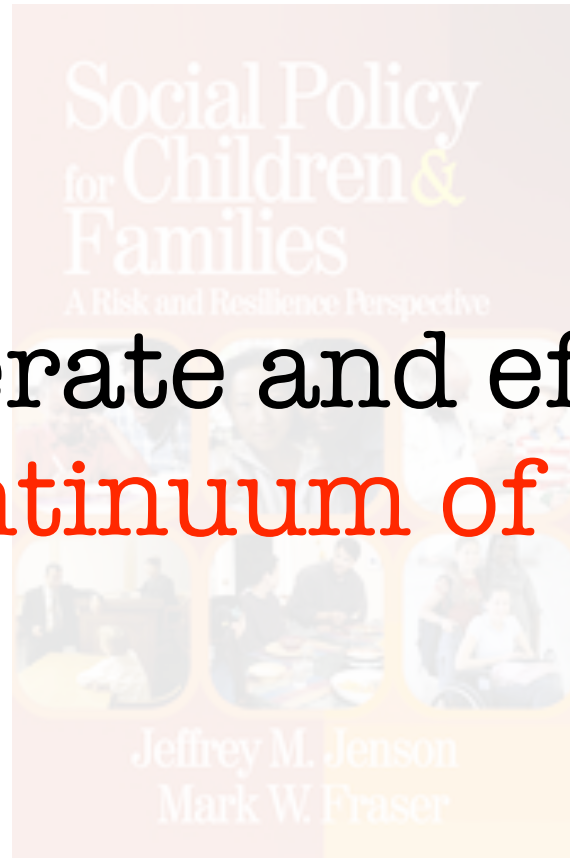
Jenson & Fraser conclusions

“Systems of care tend to offer a **maze** of programs and services that are **seldom** delivered to children and families in **sequential** or **orderly** fashion”.



Jenson & Fraser conclusions

deliberate and effective
continuum of care



Jenson & Fraser conclusions

“...the lack of an
underlying framework to
guide policy development”.



Jenson & Fraser

5 Steps for Creating Policy

1

Evaluate risk
and protective
factors.

Jenson & Fraser

5 Steps for Creating Policy

2

Assign policy responsibility in ways that promote service integration across systems of care.

Jenson & Fraser

5 Steps for Creating Policy

3

Use evidence
to create public
policy
responses.

evidence-based
practices

Jenson & Fraser

5 Steps for Creating Policy

4

Determine the course of specific individual and social interventions.

Jenson & Fraser

5 Steps for Creating Policy

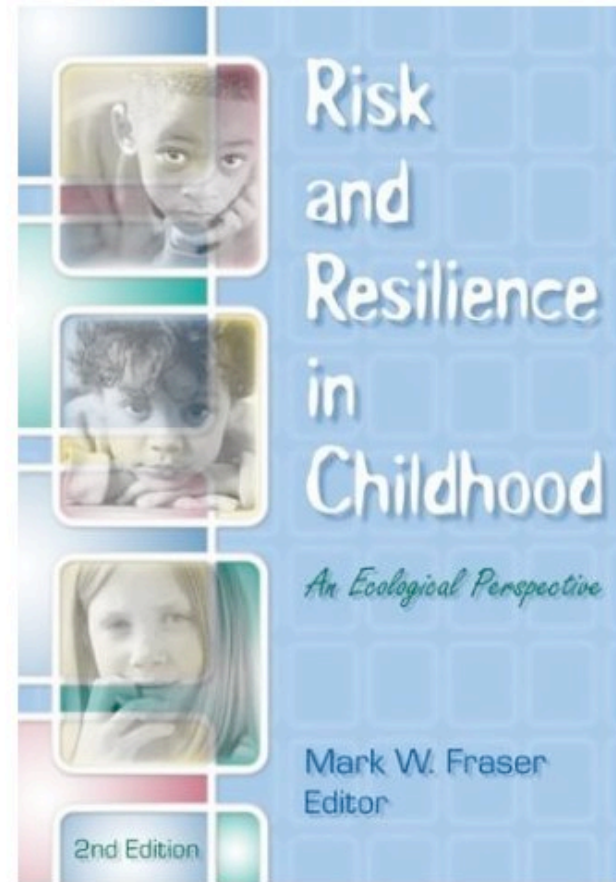
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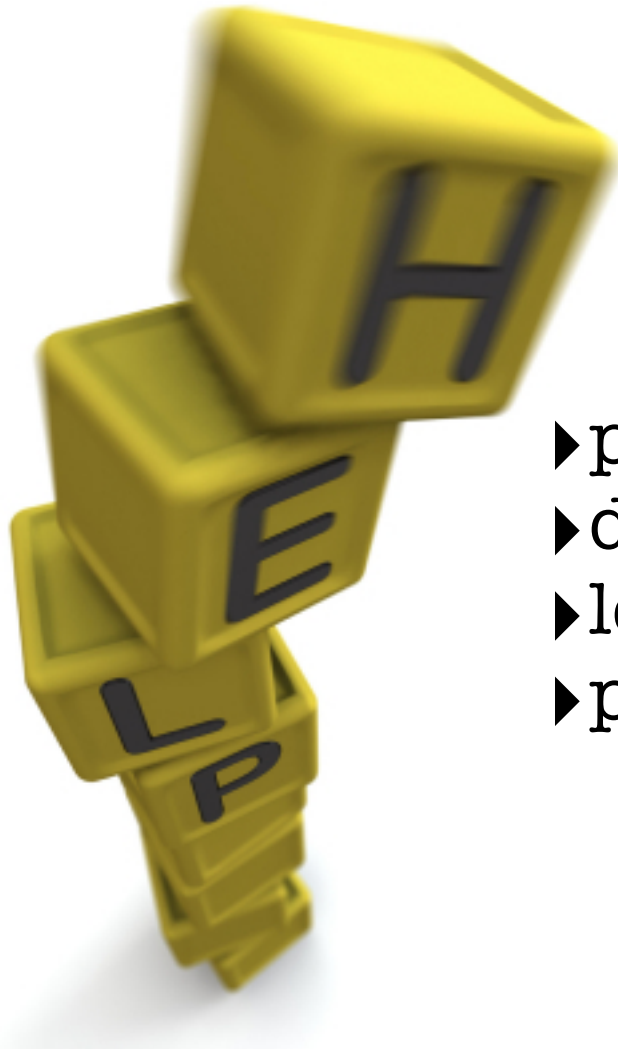
Implement,
monitor, and
evaluate
policies and
interventions.

Good Resource

Risk and Resilience in
Childhood: An Ecological
Perspective
2nd ed. - 2004

Edited by Mark W. Fraser

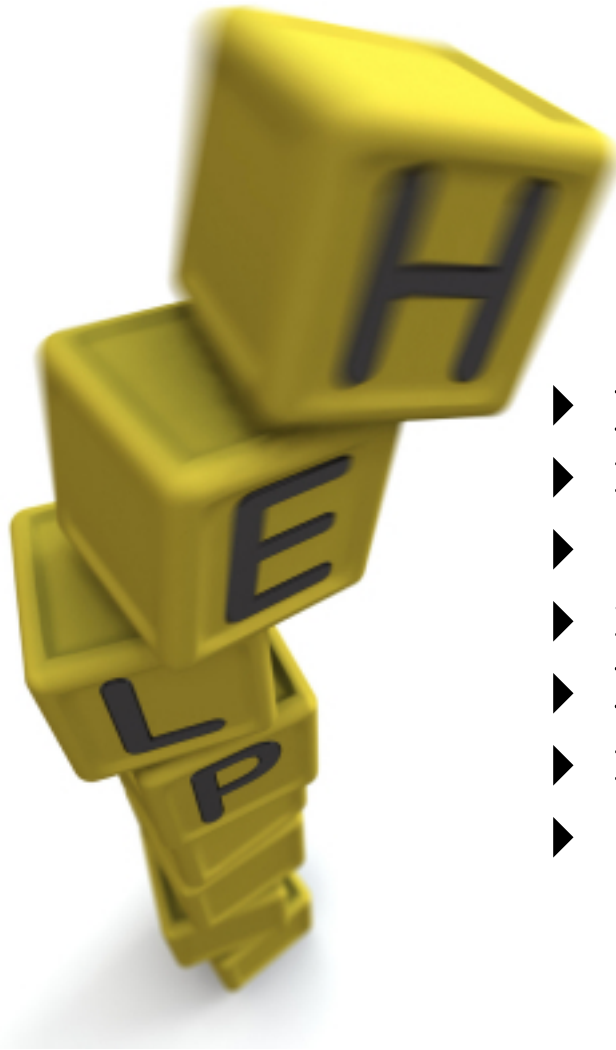




Risk Factors

environmental

- ▶ poverty
- ▶ disorganized neighborhoods
- ▶ low neighborhood attachment
- ▶ pollution



Risk Factors

interpersonal / social

- ▶ poor family communication
- ▶ inadequate child-parent bond
- ▶ addiction in family
- ▶ failing schools
- ▶ low school commitment
- ▶ rejection by conforming peers
- ▶ acceptance by antisocial peers



Risk Factors

individual

- ▶ familial history of addiction
- ▶ sensation-seeking orientation
- ▶ poor impulse control
- ▶ attention deficits
- ▶ hyperactivity



Protective Factors

Fraser & Terzian p. 9

environmental

- ▶ educational & employment opportunities
- ▶ caring relationships with adults
- ▶ social support from non-family members
- ▶ support from church



Protective Factors

Fraser & Terzian p. 9

interpersonal / social

- ▶ attachment to parents
- ▶ caring relationships with siblings
- ▶ low parental conflict
- ▶ high levels of commitment to school
- ▶ beliefs in pro-social norms and values



Protective Factors

Fraser & Terzian p. 9

individual

- ▶ social and problem-solving skills
- ▶ positive attitude
- ▶ temperament
- ▶ high intelligence
- ▶ low childhood stress
- ▶ spirituality



evidence-based practice

How We Think

- Values – beliefs about what is right and wrong; generally determined by our culture
- Intuition – a form of insight not based on specialized training or reasoning
- Experience – a form of knowledge that includes firsthand, personal participation in events
- Authority – referring to outside sources of knowledge
- Logic – what seems reasonably right
- Tradition – doing things the way they've always been done

Ignaz Semmelweis

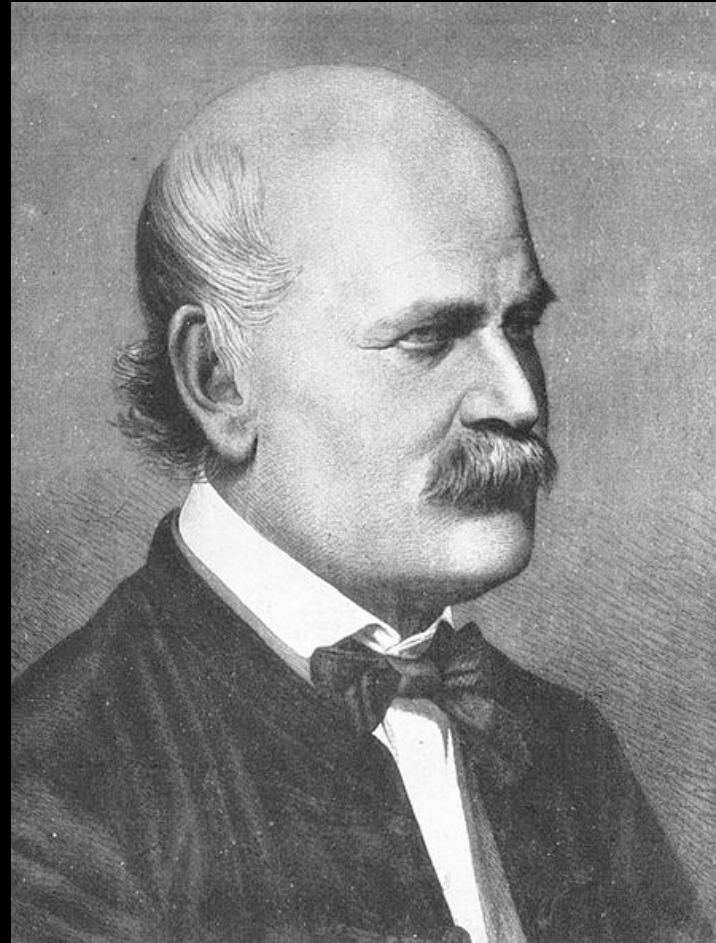
Hungarian

1846

Vienna Gen. Hospital

puerperal fever
a.k.a. “childbed fever”

“Semmelweis reflex”



HELP

children and families

First, do no harm.

How do we know we
are helping?

How do we know if
we are harming?

Simpson (1979) noted that social workers tend to shun research knowledge and rely more on:

PRACTICE WISDOM

- humanitarian impulse or intuition
- occupational folklore
- common sense

“It ain’t so much the things we don’t know that get us into trouble. It’s the things we know that just ain’t so.”

-Artemus Ward

Robert Thorndike

“If something exists, it exists in some quantity; if it exists in some quantity, then it can be **measured**”.

Walter Hudson

The Axioms of Treatment

1. **If you cannot measure** the client's problem, it does not exist.
2. If a problem does not exist, that is, if you cannot measure the client's problem, **you cannot treat** it.

Walter Hudson

The Axioms of Treatment

3. If you cannot measure an intervention, it does not exist.
4. If an intervention does not exist, that is, if you cannot measure the intervention, you cannot administer it.

Evidence-Based Practice (EBP)

treatment (interventions) based on
the best available science

(McNeece & Thyer, 2004)

Evidence-based practitioners...

(Persons, 1999)

- provides informed consent for treatment
- relies on efficacy data when selecting treatments
- uses empirical literature to guide decision making
- uses a systematic, hypothesis-testing approach with each case

Evidence-based practice...

(Persons, 1999)

- begins with careful assessment
- sets clear and measurable treatment goals
- develops individualized intervention plans
- monitors progress toward goals & makes adjustments based on monitoring

Child Mental Health

Examples

Okamoto & LeCroy

Anxiety

- CBT
- particularly group CBT
- exposure therapy
- parent training

Depression

- CBT (including manuals)
- social skills training
- relationship enhancement therapies

Conduct Problems

- behavioral parent training (videos)
- multi-systemic therapy

ADHD

- behavior management
(token or point systems)
- pharmacotherapy
- combined approaches

Resources

- <http://www.cochrane.org/>
- <http://www.campbellcollaboration.org/>
- <http://geb9101.gse.upenn.edu/>
- <http://www.guideline.gov/>
- <http://www.ahrq.gov/clinic/epcix.htm>
- <http://www.challengingbehavior.org/>

Resources

- <http://www.nyu.edu/socialwork/ip/>

Summary

- **Stay current** on research regarding risk and protective **factors** and on evidence-based **interventions** that incorporate an **ecological perspective**.
- **Apply** that knowledge **to practice**.
- **Advocate** for social **policy** that is built upon that knowledge.
- **Educate others** about that knowledge.
- **Conduct research** on your own practice.