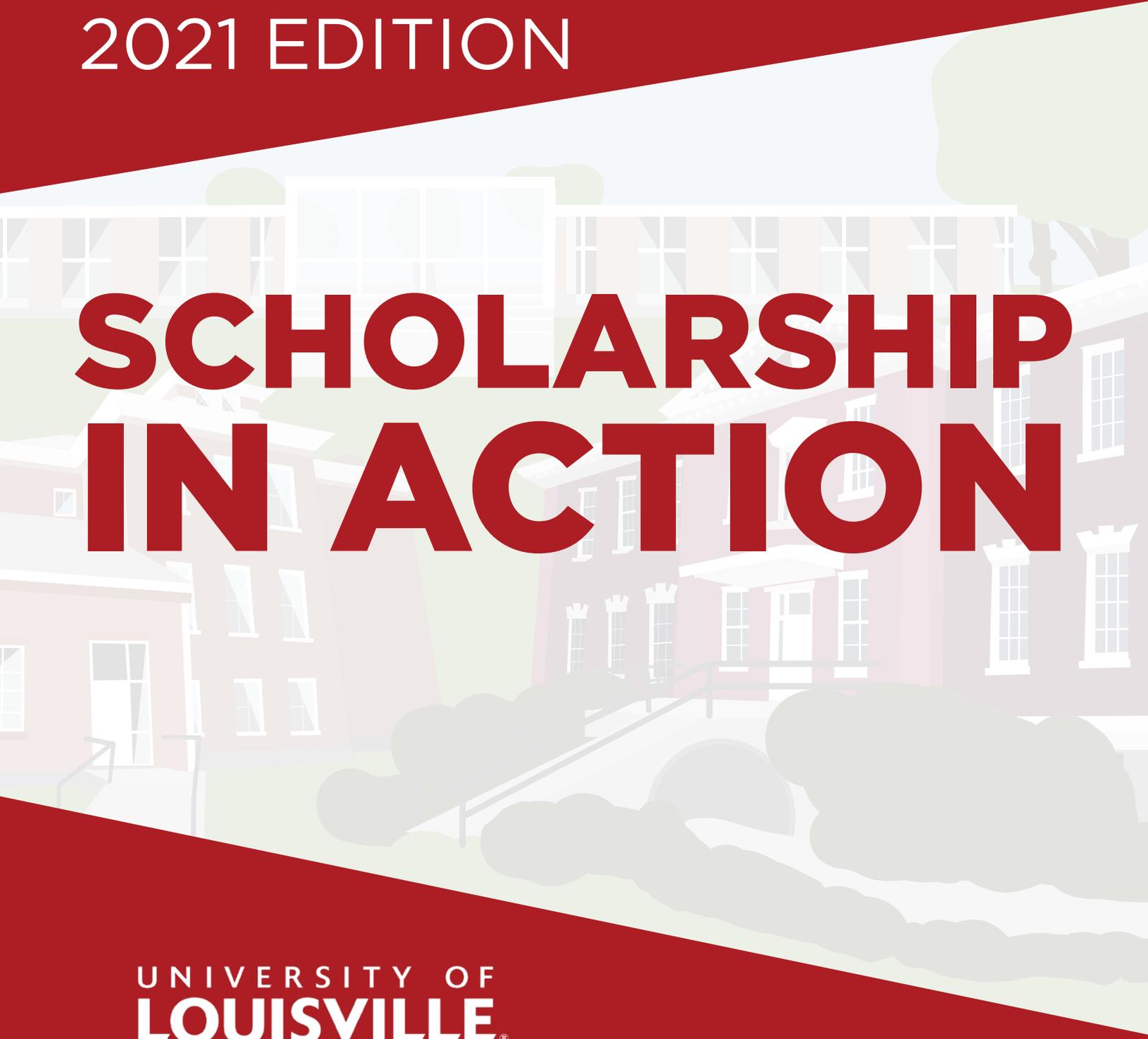


**RESEARCH
DIRECTORY**
2021 EDITION



**SCHOLARSHIP
IN ACTION**

UNIVERSITY OF
LOUISVILLE[®]

RAYMOND A. KENT
SCHOOL OF SOCIAL
WORK & FAMILY SCIENCE

Educate. Empower.

EXECUTIVE SUMMARY

When we look back on 2021, some may think of it as the second year of an extremely challenging pandemic that impacted our research as well as our teaching. The pandemic has affected our research—but not just in the way we collected data or presented our results in virtual forums. More importantly, the pandemic has taught us lessons about what is important. Our faculty at Kent School of Social Work and Family Science continue to conduct research that impacts the real lives of people in families, organizations and communities. In this year's Research Directory, we have chosen to focus on why what we are doing is important—to us as individuals, to the people we serve, and to the world.

What you will read—or hear if you listen to the video snippets of our faculty talking about their work embedded in this document—is **what inspires them** to conduct research. As is true for social work in general, you will see that many of them have a personal connection to the target populations or the subject areas they study, and that keeps them actively committed to the work. We examine **why this area of research is important to our communities** in such a way that it would be understandable to the average member. In social work we don't typically conduct research in labs but are engaged in the community and actively engaging the participation of those individuals in the scholarship, so we ask our researchers **how they know that their research is making a difference in the lives of real people**. Frankly, if we cannot answer that question, we really aren't conducting social work research. You will read or hear about those moments in their scholarship in which they can point to **impact of their research of which they are proud**.

Finally, since scholarship is about a trajectory of inquiry into matters of great import to individuals, organizations and communities, our researchers reflect on **the most important questions that need to be answered** in their substantive area to move the field forward. By moving the field forward, we are talking about changing social work practice, promoting social justice and improving well-being of those we serve **here in Louisville and beyond**.

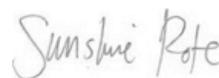
In addition to this document in which we have endeavored to bring alive the voices of the people doing this work, please consider exploring brief summaries of some of our faculty's publications which demonstrate the results of their scholarship so you can see how we are impacting the field in very real ways:

- [Responding to COVID-19](#)
- [Preparing Social Work Practitioners](#)
- [Shaping Practice with Children and Adolescents, Throughout the Life Course, and in Systems and Organizations](#)
- [Strengthening Families](#)
- [Fortifying Relationships](#)
- [Fostering Community Wellbeing, and](#)
- [Representing the Underrepresented through the Voices of Historically Silenced Persons.](#)

As you will see, our faculty are intervening in a range of topics as diverse as our faculty and the people we serve. Woven through much of this work is examination of inequities and promotion of antiracist practices, policies and structures. There is much more work to do, but as we emerge from the Pandemic into whatever our new normal turns out to be, the Kent School of Social Work and Family Science faculty are out there doing what needs to be done to make a real difference. At Kent School our tag line is **Educate. Empower**. We educate and empower through our students and our work with communities. We educate and empower through our scholarship: **Real. Research.**



Crystal Collins-Camargo, MSW, PhD
Interim Dean



Sunshine Rote, PhD
Interim Director of Research

 RAYMOND A. KENT SCHOOL OF
SOCIAL WORK & FAMILY SCIENCE

**JUMP TO
CURRENT PROJECTS**



**Visit the
Research Directory
Playlist**

**JUMP TO
FACULTY PROFILES**

AWARD SUMMARY

IN 2021,

UL OF RAYMOND A. KENT SCHOOL OF
SOCIAL WORK & FAMILY SCIENCE

FACULTY HAD

52 ACTIVE
PROJECTS

WITH A TOTAL
RESEARCH PORTFOLIO
OF MORE THAN

\$30 million

KENT RESEARCH HIGHLIGHTS



Dr. Becky Antle Receives Research Collaborator of the Year Award

Dr. Becky Antle won the *Research Collaborator of the Year Award* the inaugural award ceremony for the new University of Louisville Office of Research and Innovation EVPRI research awards. This award was one of six named awards.

Several of our other faculty and staff received acknowledgement of their research-related efforts as well: Heather Storer, Marissa Yingling, Stephanie Grace Prost, Armon Perry, Heehyul Moon, Sharon Moore, and Eric Schneider

Dr. Jennifer Middleton selected as “Ascending Star Researcher” by UofL Office of Research and Innovation

Dr. Jennifer Middleton was selected for the second cohort of the new *Ascending Star Fellowship*, which consisted of just nine researchers from across the university. The program provides mentorship, funding and other support to high-performing associate professors. The goal is to boost the national impact of the fellows’ scholarship, with a heavy focus on work in diversity, inclusion and community empowerment.

Jennifer Middleton, an associate professor in the Kent School of Social Work, whose work focuses on utilizing trauma-informed organizational change interventions to disrupt systems of oppression and investigating the scope and complexity of child trafficking across the U.S.



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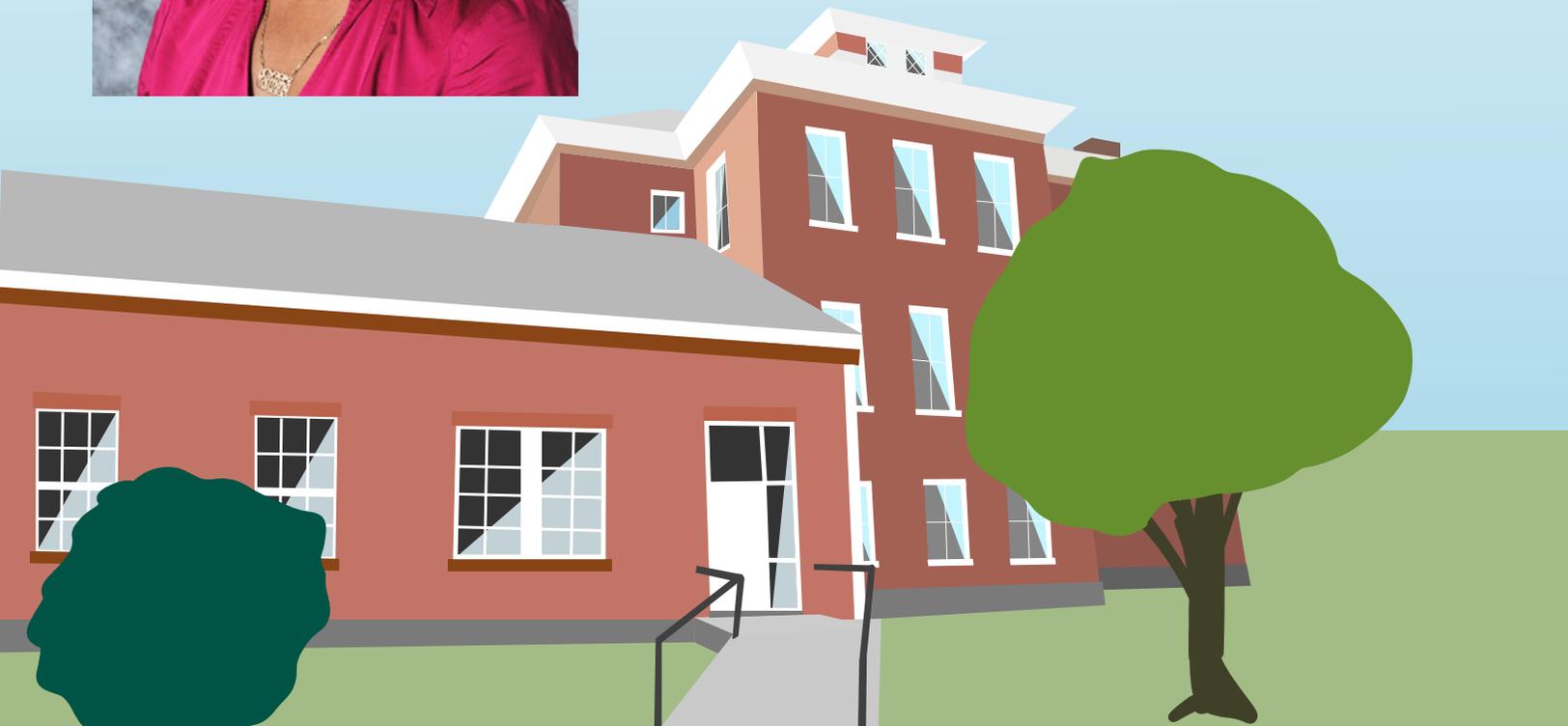
Dr. Laura Frey Published in JMFT 2022 Decade in Review Special Issue

Kent Associate Professor and MSCFT Program Director, Dr. Laura Frey, co-authored an article that was published in the 2022 Decade in Review special issue of the *Journal of Marital and Family Therapy*, a national publication for couple, marriage, and family therapists. The issue is published once every decade. Scholars are invited to review the efficacy of interventions for various topics. ***Dr. Frey along with her co-authors were invited to review interventions for suicide ideation and behavior for the publication.*** The review publication provides professionals in the field a benchmark of the work that has been done, as well as an understanding through research of what has been proven to work well, and future areas that need to be studied.



New Study on Racial Trauma Processing for Family Health Intervention

Dr. Emma Sterrett-Hong's research proposal, "*An Examination of the Feasibility and Acceptability of a Racial Trauma Processing for Family Health Intervention,*" will be funded through the Health Equity Innovation Hub. The proposal went through a rigorous multi-step review process, including peer review by a panel of national health equity experts, review by the Hub's Health Equity Research Committee, and final consideration by Hub leadership.



FACULTY PROFILES

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BECKY F. ANTLE

Professor
University Scholar

Director, Center for Family and Community Well-Being

PhD in Social Work
University of Louisville
University of Kentucky

An overarching area of my research is implementation science, the study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into real-world settings such as child welfare, health, and mental health.

? **What motivates you to conduct research in this particular area?**

The intersection of my teaching and my research as well as practice and research. From a teaching standpoint, for many years I've taught the research sequence in the Master's program, and we spent a lot of the time talking about the pros and cons of this idea of evidence-based practice and one of the cons that we spent a good deal of class discussing is: Can it really be implemented? You know, it's great and a sort of controlled setting with rigorous research where you have resources to manage that, but in a real-world setting, can we do this and what helps us do this? There are a lot of logistical barriers to implementation—resources, time, finances, scheduling. Because social work has moved in this direction of the evidence-based practice. But it only helps us advance the profession if we can give the concrete answers to how to make that work from a practical standpoint.

? **Why is this research important to our community members?**

It's members of the community that we're asking to implement these new programs, practices, and innovations in their organizations and in their daily work. It's not enough to tell people what works we have to also give them guidance on how to make that work for their agency. We have to be really strategic in how we go about implementing that so that we're not wasting resources.

? **How do you know that your research is making a difference in the lives of real people?**

The Center for Family and Community Well-Being seeks to make a difference with what we've learned. In translational research in a medical setting, they talk about bench-to-bed—basically moving from a laboratory setting to a direct care setting. That's what we're trying to do with our research. We're trying to disseminate it in ways that are practical, comprehensible, and usable for organizations and individual practitioners. We do that through training, program evaluation, and giving feedback to organizations around areas where they can improve their implementation in particular ways.

? **What are you most proud of in terms of the impact of your research?**

Regardless of all the work that I do—if that's research or as an educator, as IT consultant in the community—at heart, I got into this work because I'm a practitioner and I want to help people and I think what I'm most proud of is when I can see the direct impact of the programs and the work that we do on the lives of the people that we serve. The data is not just a number to me. Those are lives that are touched.

? **What is the most important question we need to answer to move the field forward?**

Understanding how to help organizations see the value and utility of engaging in what is sometimes a rigorous and cumbersome process of studying implementation. Helping them see that it is a good investment of their time and resources, that it will actually help them retain staff not have higher turnover.



RESEARCH INTERESTS



- Implementation Science
- Evidence-Based Practice
- Child Welfare
- Mental Health and Trauma
- Interpersonal Violence
- Relationship Education

I'm proud of the team and the overall effort and accomplishments of the larger group. I don't think of it as my work. I think of it as our work, whether that's from my mentors and faculty, colleagues that I've had that have helped train me and build me up and support me over the years or the great team of students and staff, and continued faculty colleagues that I have moving forward.

Becky F. Antle

Highlighted Publications

“
My research seeks to improve the lives of families and children affected by family violence, high risk behavior, health, and mental health conditions through enhanced effectiveness of evidence-based practices.
”

Purdy, L. M., & Antle, B. F. (2021). Reducing Trauma in Residential Direct Care Staff. *Residential Treatment for Children & Youth*, 1-13.

Strolin-Goltzman, J., Antle, B., Collins-Camargo, C., & Wood, V. (2021). A Cost Analysis of Trauma and Well-being Screening for Children in Custody. *Human Service Organizations: Management, Leadership & Governance*, 1-11.

Akin, B. A., Collins-Camargo, C., Strolin-Goltzman, J., Antle, B., Verbist, A. N., Palmer, A. N., & Krompf, A. (2021). Screening for trauma and behavioral health needs in child welfare: practice implications for promoting placement stability. *Child Abuse & Neglect*, 122, 105323.

Barbee, A. P., Cunningham, M. R., Antle, B. F., Langley, C., & Purdy, L. (2021). Romantic relationship and pregnancy dynamics among adolescent African Americans and refugees living in the United States. *Personal Relationships*.

Barbee, A. P., Antle, B., Langley, C., Cunningham, M. R., Whiteside, D., Sar, B. K., & Borders, K. (2021). How to ensure fidelity in implementing an evidence based teen pregnancy prevention curriculum. *Children and Youth Services Review*, 129, 106175.

Collins-Camargo, C., Strolin-Goltzman, J., Verbist, A. N., Krompf, A., & Antle, B. F. (2021). Structured well-being assessments in public child welfare: Observations across two states. *Developmental Child Welfare*, 25161032211004605.

Logsdon, A. R., Antle, B. F., Katz, R. S., Barbee, A. P., Kamer, C., & Spriggs, A. (2021). The Impact of Engagement on Child Welfare Families Involved with Family Treatment Drug Courts. *Juvenile and Family Court Journal*.



Ready to learn more?

Hear about Dr. Antle's work directly by watching these videos.



Read more about Dr. Antle's work here.



ADRIAN J. ARCHULETA

Associate Professor

PhD in Social Work
Florida State University

My work tries to understand the meaningfulness of social relationships and how people are interconnected. How does that actually impact their experiences with acculturation and with mental health?

? What motivates you to conduct research in this particular area?

I actually started my life in a completely different part of the United States. I actually grew up in Las Cruces, NM, where it is predominately LatinX. So I went from this kind of environment where my culture was everywhere. I ended up moving from Las Cruces, NM to Franklin, TN. It felt like I had moved to another country. There was no one around me that was like me. No one had context for my culture.

I really set out to understand what was it that was transpiring in groups of individuals that allowed them to avoid or to navigate that system and be successful. And I ended up landing on issues of acculturation and looking and trying to understand the extent to which culture really served as capital.

? Why is this research important to our community members?

People kind of live their lives without knowledge that there are broader social forces that are taking place. If you know that these things are transpiring and that they're harmful or impacting people in negative ways, what is it that you can do about it? What level of awareness can you bring yourself or your community to enact change? Having that conversation and bringing people to consider how it manifests and what we can do about it is really important.

? How do you know that your research is making a difference in the lives of real people?

Since nothing has been written in this area and people haven't thought about these things before, I almost have to kind of start by establishing that they're there before I can do anything about it. We really need more people in this intervention process. We really need to change not only the person that's identified as the target, right? But we also need to create kind of an influence around that individual that creates broader levels of social change. Environmental changes are needed to allow the individual changes that we want to make to be more sustainable.

? What are you most proud of in terms of the impact of your research?

Representing folks who don't have a great voice. Having had that experience right as an adolescent and young adult moving into a new environment and recognizing the potential as well as the potential pitfalls that you know folks are going to experience, I think being able to provide insight with regard to those experiences has been really important to me, because I feel like people overlook adolescents and young adults, young adults.

? What is the most important question we need to answer to move the field forward?

I have to make it practical. I have to find ways to make it applicable, but the start of it I think has always been getting social workers to really accept my work and to see it as part of what it is that they do.



RESEARCH INTERESTS



- **Acculturation**
- **Acculturative Stress**
- **Minority Mental Health**
- **Social Networks**
- **Social Capital**

People have this misconception that were melting pot. What a melting pot actually means is that people melt into the dominant culture. It doesn't mean that we're this "multicultural society" where everybody has a piece and everybody's element is respected. No, we are in a vice grip that says if you're not similar, you're not welcome. And if you are not welcome, you don't have access.

Adrian J. Archuleta

Highlighted Publications

“
My work is helping shed light on the relationship between social structure and LatinX people’s experiences with acculturation and stress to better understand the social determinants of resource access and mental health.
”

Archuleta, A. J., Prost, S. G., & *Dajani, M. A. (2021). Examining the World Health Organization’s WHOQOL-BREF: Assessing the structural and convergent validity in a U.S. sample. *Journal of Human Behavior in the Social Environment*. <http://doi.org/10.1080/10911359.2021.2000918>

Barbee, A. P., Antle, B., Langley, C., Cunningham, M. R., Whiteside, D., Sar, B., **Archuleta, A. J.**, Karam, E., Borders, K. (2021). How to ensure Fidelity in implementing an evidence-based teen pregnancy prevention curriculum. *Children and Youth Services Review*, 129. <https://doi.org/10.1016/j.childyouth.2021.106175>

Archuleta, A.J. & *Dajani, M. A. (2021). Exploring network derived indicators of acculturation: Examining language use and homophily in Latinxs support networks. *Journal of Community Psychology*, 1-21. <https://doi.org/10.1002/jcop.22538>

Archuleta, A. J., Nuñez, S. C., & *Weaver, R. Jr. (2021). Support networks among college enrolled Latinxs: Gender differences in network language use and experiences of discrimination. *International Journal of Intercultural Relations*, 80, 147-157. <https://doi.org/10.1016/j.ijintrel.2020.10.010>

Prost, S. G., **Archuleta, A. J.**, & Golder, S. (2021). Older adults incarcerated in state prison: Health and quality of life differences among aging cohorts. *Aging and Mental Health*, 25, 260-268. doi: 10.1080/13607863.2019.1693976.



Ready to learn more?

Hear about Dr. Archuleta's work directly by watching these videos.



Read more about Dr. Archuleta's work here.



ANITA P. BARBEE

Professor
Distinguished University Scholar
PhD Program Director

PhD in Social Psychology
University of Georgia

Healthy relationships are central to successful communities, organizations, groups, families, and individual lives.



? What motivates you to conduct research in this particular area?

I became interested in this whole area of relationships and teen pregnancy because my parents were in college when they became parents. My mother was pregnant outside of marriage, and then they got married. That whole dynamic of being young and still trying to live their lives and facing financial difficulty and just in terms of getting life goals accomplished and the trauma of family being kind of not thrilled about that position fascinated me. It influenced my whole life as an offspring of a young couple before their brains were fully developed at the age of 25. And so, my interest in relationships, in general, as well as sexuality and how to help people understand it, but also to help prevent some of the problems that people want to avoid became an emphasis in my work.

? Why is this research important to our community members?

We have brought to Louisville and the surrounding counties, mostly in partnership with community based organizations, healthy relationships training and other programs that target key areas for vulnerable youth. We have found that this reduces teen pregnancy and violence in relationships and increases kids' self-esteem and knowledge of how to talk to people.

? How do you know that your research is making a difference in the lives of real people?

One way is by working with the community to tailor interventions. Our team helped rewrite the sexual health piece of the relationship training program. Later we went into the community and conducted focus groups with kids at the Louisville Youth Group which engages youth from the LGBTQIA+ community and took their feedback to make the curriculum better and more inclusive. We changed pictures to make them more representative, changed scenarios to have same gender couples, changed names to be more ambiguous, and have trained our trainers to be more knowledgeable in those areas.

? What are you most proud of in terms of the impact of your research?

I was proud that we did a randomized controlled trial in the community with 1500 youth, which is hard to pull off, and it worked. Our relationship training program, Love Notes, made it to the Teen Pregnancy Prevention evidence-based list for the first time. We made a difference in kids' lives, and other sites continue to pick up the programming. So that means we're reaching more young people across the nation.

? What is the most important question we need to answer to move the field forward?

Coming out with a kind of evidence that will persuade people who think that teaching kids about relationships and sexuality makes them more likely to engage in risky behavior and thus they try to shut it out of schools and community conversations. Everybody should want kids to know these things.

RESEARCH INTERESTS



- Child Welfare
- Workforce Development
- Practice Model Development and Education
- Relationship Education
- Teen Pregnancy Prevention
- Violence Prevention

It's really hard to get youth-serving systems to find 13 hours of their time for kids to learn our curriculum, but if they could, it would revolutionize outcomes for those kids.

Anita P. Barbee Highlighted Publications

“
My work aims to improve outcomes of engagement, retention, and positive outcomes for children in the child welfare system.
”

Barbee, A. P., Cunningham, M. R., Antle, B. F., Langley, C., & *Purdy, L. (2022). Romantic relationship dynamics among adolescent African American and African refugees living in the U.S. *Personal Relationships*, 29(1), 77-99.

Cunningham, M. R., Druen, P. B., **Barbee, A. P.**, Jones, J. W., & Dreschler, B. W. (2021). Causes and consequences of a coronavirus behavioral health mindset: Demographics, personality, occupational interest and COVID-19 prevention behaviors. *Basic and Applied Social Psychology*, 43(2), 120-140.

*Logsdon, A. R., Antle, B. F., *Katz, R. S., **Barbee, A. P.**, Kamer, C., & Spriggs, A. (2021). Impact of engagement on child welfare families involved with Family Treatment Drug Courts. *Juvenile and Family Court Journal*, 72(4), 43-56.

Richards, T., DeWolfe, Sun, J., & **Barbee, A. P.** (2021). Child welfare practice improvement efforts: A descriptive study of capacity building services received by courts, states, and tribes. *Families in Society*, 102(4), 468-484.

Barbee, A. P., Antle, B. F., Langley, C., Cunningham, M. R., Whiteside, D., Sar, B.K., Archuleta, A., Karam, & Borders, K. (2021). How to ensure fidelity in implementing an evidence-based teen pregnancy prevention curriculum. *Children and Youth Services Review*, 129, <http://doi.org/10.1016/j.chilyouth.2021.106175>.

Hall, M. T., Kelmel, A. B., Huebner, R. A., *Walton, M. T., & **Barbee, A. P.** (2021). Sobriety Treatment and Recovery Teams for families with co-occurring substance use and child maltreatment: A randomized controlled trial. *Child Abuse and Neglect*, 114, 32



Ready to learn more?

Hear about Dr. Barbee's work directly from her by watching these videos.



Read more about Dr. Barbee's work here.



KARLYNN BRINTZENHOFESZOC

Professor
Dr. Renato LaRocca Endowed Chair
in Oncology Social Work

PhD in Social Psychology
University of Georgia

BioPsychoSocialSpiritualSexualCultural (BPSSSC) aspects of individuals are influenced by the experience of having cancer and undergoing treatment and can influence an individual's cancer trajectory.

? What motivates you to conduct research in this particular area?

I was trained as a healthcare social worker, specifically with people with terminal diseases. My first job after getting my MSW was as a clinical social worker in a hospital with people with HIV/AIDS followed by working with people with lung cancer. After two years, I went back to school to get a PhD so that I could teach social workers how to do research and to work with people who were dying. Now people with AIDS and cancer are living much longer so they are now dealing with a chronic illness rather than a life-limiting disease. My research focuses on people with chronic and life limiting diseases with a specific focus on cancer.

? Why is this research important to our community members?

Based on my published research, the American College of Surgeons (ASCO) Commission on Cancer (CoC), now mandates people with cancer to be screened for distress. This mandate has made screening for distress as a part of a cancer center's reaccreditation process. ASCO goes further to say for those who report high levels of distress, someone has to contact the patients within a specific time period, and an intervention is to be offered. The distress mandate is working; cancer centers are doing an adequate job of screening for distress. The provision of interventions is low, mostly due to patients saying they were distressed before they saw the doctor but afterward, they felt better.

? How do you know that your research is making a difference in the lives of real people?

Based on my published research, the American College of Surgeons (ASCO) Commission on Cancer (CoC), now mandates people with cancer to be screened for distress. This mandate has made screening for distress as a part of a cancer center's reaccreditation process. ASCO goes further to say for those who report high levels of distress, someone has to contact the patients within a specific time period, and an intervention is to be offered. The distress mandate is working; cancer centers are doing an adequate job of screening for distress. The provision of interventions is low, mostly due to patients saying they were distressed before they saw the doctor but afterward, they felt better.

? What are you most proud of in terms of the impact of your research?

I am very proud of being involved in the movement that has made screening for distress an important part of the diagnosis and treatment process for patients living with cancer. The receipt of the diagnosis and treatment can be distressing, and now there are interventions to mitigate those experiences.. The second thing I am proud of is applying a problem-solving intervention to reduce distress in clinical settings. The third thing is teaching students across professions to better understand what might be going on with people with chronic

? What is the most important question we need to answer to move the field forward?

How do we provide similar opportunities for support to all patients, regardless of their background?



RESEARCH INTERESTS



- Palliative care
- Distress in chronic illness and life-limiting disease
- Social work practice in oncology and palliative care
- BioPsychoSocial-SpiritualSexualCultural (BPSSSC) domains

My philosophy of being a social worker is to work day in and day out to improve the human condition. My focus is specifically on people with cancer, their families and the health care providers who care for them.

Karlynn

BrintzenhofeSzoc

Highlighted Publications

“

My work aims to improve BioPsychoSocialSpiritualSexualCultural wellbeing and quality of life for cancer patients and their families.

”

BrintzenhofeSzoc, K., Krok-Schoen, P., Pisegna, J.L., MacKenzie, A. R., Canin, B., Plotkin, E., Boehmen, L.M., & Shahrokni, A. (2021). Survey of cancer care providers' attitudes toward care for older adults with cancer during the COVID-19 pandemic. *Journal of Geriatric Oncology*, 12(2), 196-205.

Krok-Schoen, P., Pisegna, J.L., **BrintzenhofeSzoc, K.**, MacKenzie, A.R., Canin, B., Plotkin, E., Boehmen, L.M., & Shahrokni, A. (2021). Experiences of healthcare providers of older adults with cancer during the COVID-19 pandemic. *Journal of Geriatric Oncology*, 12(2), 190-195.

Cunningham, S., Wakim, P., Hendricks, J., Cassidy, Q., Teigen, E., & **BrintzenhofeSzoc, K.** (2020). Influence of psychosocial distress on traumatic stress symptoms among oncology patients. *Journal of Psychosocial Oncology Research & Practice*, 2(2), e-21.

BrintzenhofeSzoc, K., Krok-Schoen, J. L., Canin, B., Parker, I., MacKenzie, A. R., Koll, T., Vankina, R., Hsu, C. D., Jang, B., Pan, K., Lund, J. L., Starbuck, E. & Shahrokni, A. (2020). The underreporting of phase III chemo-therapeutic clinical trial data of older patients with cancer: A systematic review. *Journal of Geriatric Oncology*, 11(3), 369-379.

Huttar, C. & **BrintzenhofeSzoc, K.** (2019). Virtual reality and computer simulation in social work education: A systematic review. *Journal of Social Work Education*, 56(1), 131-141.

BrintzenhofeSzoc, K., Belfiore, M. N., & Shields, J. J. (2019) Bringing SBIRT into the community: An evaluation of a continuing education training for social workers. *Journal of Social Work Practice in the Addictions*, 19(1-2), 124-138.



Read more about Dr. BrintzenhofeSzoc's work here.



CRYSTAL COLLINS-CAMARGO

Professor
Interim Dean

PhD in Social Work
University of Kentucky

If we want to improve outcomes for children and families, we must support organizations as they seek to use data to inform practice on the client and organizational level.

? What motivates you to conduct research in this particular area?

I became attracted to child welfare related work when I was a teenager. My sister and I are both adopted and we knew a number of people who were adopted when we were in school who sort of experienced being adopted in a different way, and I was very concerned because I always saw it in a very positive way. It was treated as a very positive thing in my family. So I saw a real opportunity to try to kind of changed the narrative, in terms of a variety of child welfare-related activities, to really focus on positive wellbeing.

? Why is this research important to our community members?

In social work, we have, for decades, relied on a belief that what we do is good. And that we're trying to help people, and, therefore, we are helping people, when the reality of that is that we may be helping people and we may not. We've had this gradual movement over the last ten years or so to really understanding that and needing to figure out how can we use information—various types of data and evidence—to make frontline decisions in our work with children and families or whoever the client population is, but also to inform organizational decisions and management decisions.

? How do you know that your research is making a difference in the lives of real people?

I've been fortunate in some of the ways that I have been able to conduct my research in a way that has kept me connected with some of those organizations and some of those managers, and being able to directly talk with them, or to have them reach out to me a long time down the road to get some help with something or to talk about something that they're thinking about. And so I've had a few of those moments where I've been able to hear from, you know managers and mid managers and supervisors how what we're doing has been useful to them, and I think that that's really one of the things that social workers struggle with in general.

? What are you most proud of in terms of the impact of your research?

I am most proud of some of the intervention research that I've done related to child welfare supervision and management, where I have seen supervisors and managers and organizations actually implement new ways of doing their work in order to be more supportive of the staff that are doing the frontline work and then by extension hopefully—what clients are experiencing is making a positive difference in their lives.

? What is the most important question we need to answer to move the field forward?

Are we making a difference, and if so, how? And the other side of that coin, and I think this is also an important question, is are we causing harm and if so, how?



RESEARCH INTERESTS



- **Public/private Partnership in Child Welfare**
- **Organizational and Managerial Practice**
- **Permanency and Well-being for Children in Out-of-Home Care**
- **Evidence-Informed Practice**
- **Organizational Supports for Evidence Use**

One of the things in my field that is really critically important, but so difficult right now is the recognition that the work that I've spent my life doing in various different ways is harmful to families sometimes. A lot of times. And we need to really come to terms with that, even though the intentions are good.

Crystal Collins-Camargo Highlighted Publications

“
My work has illuminated the relationship between public and private child welfare agencies, enabling the field to address management and interagency dynamics. Efforts to understand organizational supports and strategies for data-informed decision-making and practice help the field seek positive outcomes for children and families.
”

Akin, B.A., **Collins-Camargo, C.**, Strolin-Goltzman, J., Antle, B., Verbist, A.N., Palmer, A., & Krompf, A. (2021). Screening for trauma and behavioral health needs in child welfare: practice implications for promoting placement stability. *Child Abuse and Neglect*, 122, <https://doi.org/10.1016/j.chiabu.2021.105323>

Collins-Camargo, C., Strolin-Goltzman, J., Verbist, A. N., Krompf, A., & Antle, B. (2021). Structured well-being assessments in child welfare: observations across two states. *Developmental Child Welfare*, 3(2), 100-118. <https://doi.org/10.1177/25161032211004605>

Strolin-Goltzman, J., Antle, B.F., **Collins-Camargo, C.**, & Wood, V. (2021). A cost analysis of trauma and well-being screening for children in custody. *Human Service Organizations: Management, Leadership and Governance*. <https://doi.org/10.1080/023303131.2021.1946454>

Winters, A.M., **Collins-Camargo, C.**, & Antle, B. (2021). Implementing trauma-responsive screening and assessment: lessons learned from a statewide demonstration study in child welfare. *Professional Development: The International Journal of Continuing Social Work Education*, 24(1), 15-28.

Griffiths, A., Royse, D., Flaherty, C., & **Collins-Camargo, C.** (2020). Perceptions of workload and job impact as predictors of child welfare worker health status: Exploration of potential mechanism for mitigating negative outcomes and promoting wellness. *Child Welfare*, 98(3), 96-120.



Ready to learn more?

Hear about Dr. Collins-Camargo's work directly by watching these videos.



Read more about Dr. Collins-Camargo's work here.



SHANTEL D. CROSBY

Associate Professor

PhD in Social Work
Wayne State University

Adverse childhood experiences negatively influence youth functioning and warrant system-wide, trauma-sensitive approaches to improve the well-being of high risk youth populations.



? *What motivates you to conduct research in this particular area?*

I myself am a product of a lower-resourced area in our city. I grew up in Detroit, MI and my experiences growing up, things in my family, things I witnessed in childhood really gave me a passion for working with people from urban areas who are grappling with behavioral health issues who are grappling with systemic inequities, who are grappling with all the forms of trauma that people in those communities often face. By the time I was out of my MSW program and working as a community mental health clinician in Detroit, and I knew that I wanted to focus primarily on youth, particularly those who looked like me and who were at risk of becoming involved in some of these other systems like foster care and juvenile justice. My work really needed to highlight the impact of both psychological trauma and the systems of oppression in which those youth were expected to function.

? *Why is this research important to our community members?*

If we really believe that every child is important and every child deserves an opportunity to have a healthy and successful future, not just those of a particular race, particular socioeconomic status, then this research is imperative so that we can really begin to understand these socially unjust systems and spaces in which these youth exist, as well as how to make these spaces more equitable and safer.

? *How do you know that your research is making a difference in the lives of real people?*

One way that I sort of see differences happening in people's lives is because if people are better equipped, if people have more skills, have more knowledge, they feel more efficacious in terms of being able to actually be effective in their work. Then, that impacts their work in some very real ways.

Qualitatively, I look at the experiences that these youth and teachers and clinicians have and what they're experiencing and I get to really hear how they're experiencing certain things, like these interventions and how these interventions have impacted their lives in different ways.

? *What are you most proud of in terms of the impact of your research?*

I'm really proud of the opportunities that I've had to give youth and even teachers and clinicians time to really speak about the ways that trauma has impacted their lives and had impacted their work as well as how systems and structures in our society perpetuate that trauma.

? *What is the most important question we need to answer to move the field forward?*

I think we need to know how to make systems equitable and trauma sensitive up so that BIPOC youth have the ability to heal from the trauma that they've experienced but also to be able to live lives where less trauma is created in the first place.

RESEARCH INTERESTS



- **Childhood Trauma and Wellbeing**
- **At-risk Youth**
- **Trauma-Informed Practice**
- **Innovations in School Practice**
- **Trauma-Informed Teaching**

Trauma work and trauma sensitivity cannot just land in the laps of the people who are experiencing the trauma.

It really lands in the laps of systems that perpetuate the trauma that create the trauma that resilience is an avenue by which you can address what you dealt with.

Shantel D. Crosby

Recent Publications

“
My work is focused on transforming child-serving systems into healthier, trauma-sensitive environments and to improve youth outcomes through evidence-supported knowledge.
”

Frey, A., Small, J., Seeley, J., Walker, H., Feil, E., Lee, J., Cohen Lissman, D., Crosby, S., Forness, S. (2021). First Step Next and homeBase: A comparative efficacy study of children with disruptive behavior requiring intensive support. *Exceptional Children*.

Crosby, S.D., Howell, P., Thomas, S. (2020). Teaching through Collective Trauma in the Era of COVID-19: Trauma-informed Practices for Middle Level Learners. *Middle Grades Review*.

Crosby, S.D., Somers, C., Day, A., Baroni, B. (2019). Examining Trauma-Informed Teaching and the Trauma Symptomatology of Court-Involved Girls. *The Urban Review*.

Crosby, S.D., Patton, D., Duncan, D.T., Smith Lee, J. (2019). Framing Neighborhood Safety and Academic Success: Perspectives from High-Achieving Black Youth in Chicago. *Children, Youth, and Environments*, 29 (1).

Crosby, S.D., Day, A., Somers, C., Baroni, B. (2018). Avoiding School Suspension: Assessment of a Trauma-Informed Intervention with Court-Involved, Female Students. *Preventing School Failure*, 62 (3), 229-237.

Crosby, S.D., Hsu, H., Jones, K., Rice, E. (2018). Factors that Con-tribute to Help-Seeking Among Homeless, Trauma-Exposed Youth: A Social-Ecological Perspective. *Children and Youth Services Review*.



Ready to learn more?

Hear about Dr. Crosby's work directly by watching these videos.



Read more about Dr. Crosby's work here.



ANNA C. FAUL

Professor
Executive Director,
UofL Trager Institute

PhD in Social Work
Rand Afrikaans University,
South Africa

In order to ensure health equity for all people, we must value people equally and address avoidable inequalities by assuring the conditions for optimal health.

? What motivates you to conduct research in this particular area?

I really value equitable access to health care. We should intervene upstream and not downstream: figure out what factors are that throw people in the river and not just trying to pull them out. This is so important in terms of our aging population. Many of our medical health care providers (MDs) come from more affluent communities, so they do not always understand the social determinants that impact the health of older adults. We have been very successful with our workforce development programs to make sure we get the social workers into the mix and teach them the skill set to be part of transdisciplinary teams providing care. With transdisciplinary team care, all team members learn enough about the other professions in the team so they can actively participate in care planning.

? Why is this research important to our community members?

I want them to take ownership of their health, of their body, of their environment and engage with a whole team on a journey of health. I want every patient we see to actively engage in what matters most to them in terms of their health and then use a team approach to address it. I teach the healthcare workforce to listen more carefully to the needs of their patients and then use a team of professionals to

? How do you know that your research is making a difference in the lives of real people?

When you have a patient who responds back to you saying that, thank you for listening to me. Thank you for attending to what matters most to me. We thank you for just being there, taking a little bit more time.

When you see people starting this journey with you, making changes to their lives, make changes to their behavioral patterns, get access to better food, more information about exercise, then you know things are working.

? What are you most proud of in terms of the impact of your research?

[The funding we've received] is really helping our social work students to get a stipend to come and learn this skill set. At least 98% of our graduates go back into underserved communities and provide the whole health approach to care.

? What is the most important question we need to answer to move the field forward?

What really needs to be tackled is practice transformation and payment model restructuring. How do you pay social workers as part of the team and not let them just be the support person to the primary care physician who gets the payment? They play such an important role to implement lifestyle medicine practices, but none of their work is being paid for in the current payment models.



RESEARCH INTERESTS



- Health Equity
- Health Disparities
- Determinants of Health
- Aging
- Palliative Care

It was like a journey of discovery for me to really understand what an older adult need to live healthy and satisfactory lives until death.

What does it mean and what do we need to do to get there?

Anna C. Faul

Recent Publications

“
My research has shown that the systemic disparities in our society have created an environment of injustice for marginalized older adults that keeps resulting in a bigger divide between the have's and the have-not's. It is ime that our society figure out how to create a more just world for all of us.
”

Arnold, F.W., Reyes Vega, A.M., Salunkhe, V., Furmanek, S., Furman, C., Morton, L., **Faul, A.**, Yankeelov, P., Ramirez, J.A. (2020). Older Adults Hospitalized for Pneumonia in the United States: Incidence, Epidemiology, and Outcomes. *Journal of the American Geriatric Society*, 68 (6), DOI: 10.1111/jgs.16327.

D'Ambrosio, J.G., **Faul, A.C.**, Fields, M. & Cotton, S.G. (2019). Baby- Boomer Long-Term Services and Support Expectations. *International Journal of Health, Wellness and Society*. 9 (3), 13-25, ISSN: 2156-8960

Faul, A.C., D'Ambrosio, J.G., Yankeelov, P.A., Cotton, S.G., Furman, C.D., Fall-Faul, M., Gordon, B. & Wright, B. (2018). Human Flourish-ing and Integrated Care Models: The Development of the Flourish Index. *The Gerontologist*.

Lawson, T., **Faul, A.**, & Verbist, A (2018) *Research and Statistics for Social Workers*. Routledge, New York, N.Y.

Schapmire, T.J., Head, B.A., Nash, W.A., Yankeelov, P.A., Furman, C.D., Wright, R.B., Gopalraj, R., Gordon, B., Black, K.P., Jones, C., Hall-Faul, M. & **Faul, A.C.** (2018). Overcoming Barriers to Interpro-fessional Education: The Interprofessional Curriculum for the Care of Older Adults (iCCOA). *Advances in Medical Education and Practice*.

Yankeelov, P.A., **Faul, A.C.**, D'Ambrosio, J.G., Gordon, B.A. & McGeeney, T. (2018). Using World Cafés to Create Healthier Com-munities for Older Adults Living with Diabetes in Rural Areas. *Health Promotion Practice*.

Schapmire, T.J. & **Faul, A.C.** (2017) Depression symptoms in older adults with cancer: A multilevel longitudinal study. *Journal of Psychosocial Oncology*, 35(3) 260-2017. ISSN: 1540-7586.



Read more about Dr. Faul's work here.



ANDY FREY

Professor

PhD in Social Work
University of Denver

Early identification and effective treatment of children with challenging behaviors is critical to the academic mission of the education system.

? What motivates you to conduct research in this particular area?

Social work has so much to offer education. And our perspective is so needed yet not represented widely in the education system. It's just a massive contribution even to other mental health people that are trying to operate in schools but might not necessarily have had the training and the background to know how to be effective within the context of education.

Social workers represent a perspective that can really help students and their families, but also improve the school system and build the capacity of educators, many of whom have not been trained to center students and families in the educational process.

? Why is this research important to our community members?

We are centering students and families in our research and attempting to influence systems that are often well intended yet filled with systemic racism and therefore oppressive. The research also focuses not just on what interventions are effective, but how they get adopted and implemented by those that are employed by the school district.

? How do you know that your research is making a difference in the lives of real people?

The people who matter tell you that it is. When you go out there, do they want you back? Are students, parents, teachers and administrators telling the people that have given us access that they want more of what we do?

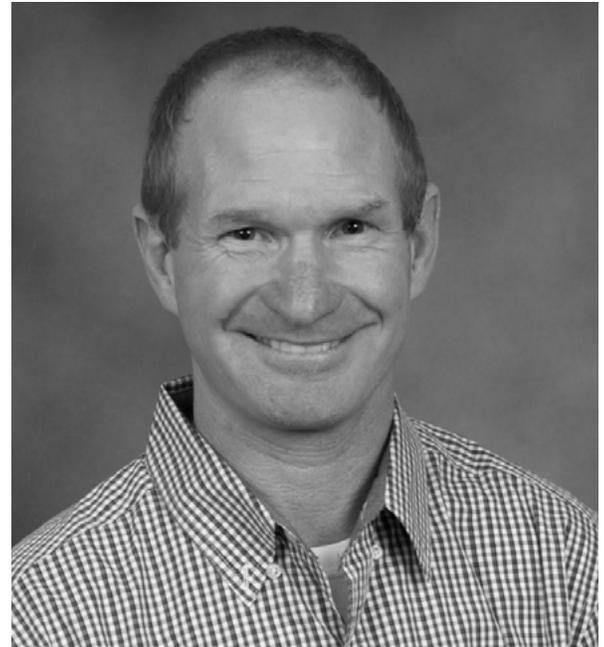
And, somewhat ironically, you know you are effective when the research builds capacity, so that what we offered can be sustained in authentic education settings with the school system's own resources.

? What are you most proud of in terms of the impact of your research?

We're valued by administrators and teachers and parents. When it comes to the four walls of the school systems, it's effective because they want you back. They want more of what you're offering.

? What is the most important question we need to answer to move the field forward?

How does [the work that was well-funded through external sources] get implemented and sustained with the natural resources that educators have at their disposal. How do they get implemented well and then how do they get sustained?



RESEARCH INTERESTS



- School Social Work
- School Mental Health
- Behavior Disorders
- Motivational Interviewing
- **First Step Next**

People love when we come in and implement stuff with the external funding. But then as soon as we're gone, there's no infrastructure there to maintain it.

So if we're going to turn that ship around, cost analysis and cost benefit analysis really help people understand what they're getting into before they get there.

Andy Frey

Highlighted Publications

“
My work has helped to expand evidence-based options and knowledge base for young children at risk of school failure. This work is relevant to researchers, practitioners, and policymakers.
”

Frey, A.J., Small, J.W., Seeley, J.R., Walker, H.M., Feil, E.G., H.M, Lee, J. Cohen Lissman, D., Crosby, S., & Forness, S.R. (2021). First Step Next and homeBase: A comparative efficacy study of children with disruptive behavior. *Exceptional Children*. doi.org/10.1177/00144029211062588

*Mitchell, B.D., **Frey, A.J.**, & Kelly, M. (2021). Certification and professional preparation of school social workers, school psychologists, and school counselors. *Children & Schools*, 43 (3), 167-174. doi: 10.1093/cs/cdab016

Small, J., **Frey, A.**, Lee, J. Seeley, J.R., Scott, T.M., & Sibley, M.H. (2021). Fidelity of motivational interviewing in school-based intervention and research. *Prevention Science*, 22, 712-712. doi/10.1007/s11121-020-01167-7

Frey, A.J., Lee, J., Small, J.W., *Skidmore, B. Johnson, L., Sibley, M., Owens, J.S., & Bradshaw, C. (2021). Mechanisms of Motivational Interviewing: A conceptual framework to guide practice and research. *Prevention Science*, 22, 689-700. doi.org/10.1007/s11121-020-01139-x

Feil, E.G., Walker, H.W., **Frey, A.J.**, Seeley, J.R., Small, J.W., Golly, A., Lee, J., Crosby, S., & Forness, S.R. (2021). Efficacy validation of the revised First Step program: A randomized controlled trial. *Exceptional Children*. 87 (2), 183-198. doi.org/10.1177/0014402920924848

Herman, K. Reinke, W., & **Frey, A.J.** (2021). *Motivational Interviewing in Schools: Strategies to Engage Parents, Teacher, and Students* (2nd edition). New York: Springer Publishing Company.



Ready to learn more?

Hear about Dr. Andy Frey's work directly from him by watching these videos.



Read more about Dr. Frey's work here.



LAURA M. FREY

Associate Professor
CFT Program Director

PhD in Family Sciences
University of Kentucky

Exploring the role of family members during a suicidal crisis—specifically how they can reduce stigma, provide support, and facilitate access to treatment—is essential to improving the recovery process for suicide attempt survivors.

? **What motivates you to conduct research in this particular area?**

A lot of my motivation comes from my own experience of feeling like I don't know what to say. I don't know how to help, but desperately wanting to help, so I very early knew I wanted to be a therapist, but also a lot of new therapists are scared of what's going to happen if someone says they're suicidal.

I realized that very quickly people clam up whenever they're not sure what to say and don't know how to help. And so I had that comfort level early on and I realized it was something that other people didn't quite have yet, and so I wanted to explore and study that more and really, seeing it from the family aspect.

? **Why is this research important to our community members?**

There's a lot of stigma and misunderstanding about suicide. If we don't realize we have these biases about why people are suicidal or about individuals that are suicidal, we're not going to provide the help that they need. Understanding how were people reaching out for help and how can we improve that, but also, how can we make sure that there's enough people there that can respond in a helpful way?

? **How do you know that your research is making a difference in the lives of real people?**

I know that my research is impactful because of the personal conversations that I've had. I've talked with suicidal individuals that say like, "why don't they get it? I keep asking for help or I keep asking my mom to just sit with me and she can't do it." Helping them see a perspective differently, but also helping to advocate on their behalf. Do some skill building with the parent and making them feel more comfortable about what are some things they can do and giving some power to them and saying that they can do a lot of good.

? **What are you most proud of in terms of the impact of your research?**

Something I'm most proud of is those people that are already in the field already have a lot of this knowledge, but just haven't thought of the family side of it. There's not a lot of family therapists in suicide prevention, so adding that lens a little bit makes me feel like I'm contributing in some way.

? **What is the most important question we need to answer to move the field forward?**

How are people feeling about how to make their life one that feels livable? How can we help people regulate their own stuff when you're in the presence of someone in crisis? How do we help the people that are caring for suicidal individuals?



RESEARCH INTERESTS



- Family Processes
- Mental Health
- Suicide Stigma
- Suicide-related Communication

Sometimes when we work with individuals that are feeling hopeless, whether it's a suicidal individual or their family members, they can feel hopeless. And then professional start to feel hopeless.

We can provide better skills to families. We can provide better environments in which people can recover from feeling suicidal.

It doesn't have to be hopeless. It doesn't have to be just a one or two options on the table. There's lots of things that we can do.

Laura M. Frey

Highlighted Publications

“
My work aims to increase the likelihood individuals will disclose suicidal ideation and family members will know how to respond in a way that promotes recovery.
”

Frey, L. M., Hunt, Q. A., Russon, J. M., & Diamond, G., (2021). Review of family-based treatments from 2010 to 2019 for suicidal ideation and behavior [Invited]. *Journal of Marital & Family Therapy*. Advance online publication. <https://doi.org/10.1111/jmft.12568>

Snow*, A., Cerel, J., & Frey, L. M. (2021). A safe bet? Transgender and gender diverse experiences with inclusive therapists. *American Journal of Orthopsychiatry*. Advanced online publication. <https://doi.org/10.1037/ort0000599>

Mayer, L., Rüschi, N., Frey, L. M., Nadorff, M. R., Drapeau, C. W., Sheehan, L., & Oexle, N. (2020). Anticipated suicide stigma, secrecy, and suicidality among suicide attempt survivors. *Suicide & Life-Threatening Behavior*, 50, 706–713. doi:10.1111/sltb.12617

Love, H. A., Frey, L. M., & Durtshi, J. (2020). The practice of suicide assessment and management by marriage and family therapists. *American Journal of Family Therapy*, 48, 16-35. doi:10.1080/01926187.2019.1673262

Fulginiti, A., & Frey, L. M. (2020). Are the “right” people selected for first disclosures about suicidal thoughts: Exploring what we know about advance directives in the context of safety planning. *Community Mental Health Journal*, 56, 174-185 doi:10.1007/s10597-019-00457-x

Maple, M., Frey, L. M., McKay, K., Coker, S., & Grey, S. (2020). “Nobody hears a silent cry for help”: Suicide attempt survivors’ experiences of disclosing during and after a crisis. *Archives of Suicide Research*, 24, 498-516. doi:10.1080/13811118.2019.1658671



Ready to learn more?

Hear about Dr. Laura Frey’s work directly from her by watching these videos.



Read more about Dr. Frey’s work here.



SEANA GOLDER

Professor
Associate Dean of Academic Affairs

PhD in Social Work
University of Washington

Research has the potential to change lives for justice-involved individuals, their families, and the communities in which they reside.

Dr. Golder's scholarship focuses on the intersection of women's high-risk behaviors (substance use; HIV risk; law-breaking) and the criminal justice system as well as aging adults within the criminal justice system. The overall goal of both lines of research is the development of interventions that promote optimal health and functioning for justice involved women and men.

Highlighted Publications

Fedock, G., Garthe, R.C., Sarantakos, S., **Golder, S.**, Higgins, G. E., Logan, TK. (2018) A life course perspective of victimization, child welfare involvement, cumulative stress and mental health for mothers on probation and parole. *Child Abuse & Neglect*, 86, 235-246. <https://doi.org/10.1016/j.chiabu.2018.10.007>.

Hall, M., Ball, D., Sears, J., Higgins, G., Logan, TK, & **Golder, S.** (2018) Past-Year Nonmedical Use of Prescription Drugs among Criminal Justice-Involved Women. *Drug and Alcohol Dependence*. DOI: 10.1080/08897077.2018.1442382

Smith, K., Bunting, A. **Golder, S.**, Hall, M., Higgins, G., & Logan, TK (2018) Prevalence and correlates of disability among a sample of victimized women on probation and parole. *Journal of Correctional Health Care*.

Engstrom, M., Winham, K., **Golder, S.**, Renn, T., Higgins, G. & Logan, TK. (2017) Correlates of HIV Risks among Women on Probation and Parole. *AIDS Education and Prevention*. 29(3), 256-273.

Dishon-Brown, A., **Golder, S.**, Renn, T., Winham, K., Higgins, G. & Logan, TK. (2017) Attachment, coping, childhood victimization, and substance use among victimized women on probation and parole. *Violence and Victims*. 32(3), 431-451. PMID: 28516830; DOI: 10.1891/0886-6708.VV-D-15-00100

Golder, S., Engstrom, M., Hall, M., Higgins, G., & Logan, TK. (2015) Psychological distress among victimized women on probation and parole: A latent class analysis. *American Journal of Orthopsychiatry*. 85(4), 382-391. PMID: 25915692; DOI: 10.1037/ort0000057



RESEARCH INTERESTS



- Justice-involved Individuals
- High-risk Behavior
- Aging Among Criminal Justice Populations
- Violence and Victimization

My work provides empirical data that identify the risk and protective factors associated with women's engagement in high-risk behaviors.

My research has generated seminal research on the needs and challenges faced by victimized women on probation and parole.



Read more about Dr. Golder's work here.



MARTIN T. HALL

Associate Professor

PhD in Social Work
University of North Carolina,
Chapel Hill

Substance use disorders are chronic health conditions associated with harmful personal and societal outcomes, but effective treatments allow many people to experience full recovery.



? What motivates you to conduct research in this particular area?

Personal connections got me started in the work, both individually and at the community level. I had a close friend overdose. As the opioid problem grew in my small town, it became clear this wasn't just an individual-level problem. So doing research in this area has been a way of helping me better understand my own life. Second, I would say that getting to be a part of the evaluation for the Sobriety Treatment and Recovery Teams (START) program is consistently motivating. It employs people who are in sustained recovery from substance use, and being in close proximity to people who have managed to reclaim their lives is super invigorating. It's life-giving to be around people who were on the verge of losing everything and managed to build this new life.

? Why is this research important to our community members?

I think this issue has touched most people already. People have substance use experience themselves, or had a sibling or a parent or a cousin who overdosed or had an alcohol use disorder. And friends or family members who are worried may not know how to help.

? How do you know that your research is making a difference in the lives of real people?

We try to do as carefully controlled studies as we can to know whether that's actually the case. We did a randomized controlled trial with the START program in Jefferson County. I think that's fairly uncommon in the context of child welfare services.

? What are you most proud of in terms of the impact of your research?

I'm proud to have been part of a of building the evidence base for a program that is providing good services for families. And because of that it's growing. When I started, the program was limited to a couple sites in Kentucky. And since then it's grown both in Kentucky and in a number of other states. And some of that growth happened before the evidence was really out there. But it's good to feel like you've helped lay a foundation that allows a good program to grow and serve more families.

? What is the most important question we need to answer to move the field forward?

We know that the START program works in a general way, but we don't know why it works better in some places than others. Also, we don't know which specific ingredients of the program make it work. Is it the inclusion of recovery mentors?

RESEARCH INTERESTS



- **Co-occurring Substance Use & Child Maltreatment**
- **Nonmedical Use of Prescription Drugs**
- **Intervention Development**
- **Evaluation**

Substance use problems are pervasive. There are acute problems, like overdose – we had 100,000 overdose deaths in 2020, the largest ever in one year. But substance use affects health in more subtle ways, too. The latest research suggests that even drinking within the recommended guidelines may still increase risk of certain cancers.

Martin T. Hall

Highlighted Publications

“More U.S. citizens die from overdose than automobile accidents or firearms. Of the 21 million people in the U.S. who meet criteria for a substance use disorder, fewer than 10% will receive treatment, and many of those treatments will not be evidence-based. My research aims to address these issues by elucidating factors that lead to substance use disorder and documenting effective interventions.”

Salameh, T. N., Hall, L. A., Crawford, T. N., Staten, R. R., & Hall, M. T. (2021). Cigarette smoking cessation and mental health treatment receipt in a U.S. national sample of pregnant women with mental illness. *Journal of Nursing Scholarship*.

Salameh, T. N., Hall, L. A., Crawford, T. N., Staten, R. R., & Hall, M. T. (2021). Perceived barriers to mental health and substance use disorders treatment among childbearing-aged women in the United States: NSDUH 2008-2014. *Women & Health*.

Hall, M. T., *Walton, M. T., Huebner, R. A., Higgins, G, Kelmel, A. B., & Lorenz, D. (2021). Child welfare's Sobriety Treatment and Recovery Teams: A propensity score-matched evaluation. *Children and Youth Services Review*.

Huebner, R. A., Hall, M. T., Walton, M.T., Smead, E., Willauer, T., & Posze, L. (2021). The Sobriety Treatment and Recovery Teams Program for families with parental substance use: Comparison of child welfare outcomes through 12-months post-intervention. *Child Abuse & Neglect*.

Huebner, R. A., Willauer, T., Hall, M. T., Smead, E., Poole, V., Posze, L., & Hibbeler, P. G. (2021). Comparative outcomes for Black children served by the Sobriety Treatment and Recovery Teams program for families with parental substance abuse and child maltreatment. *Journal of Substance Abuse Treatment*.

Hall, M. T., Kelmel, A. B., Huebner, R. A., Walton, M. T., & Barbee, A. P. (2021). Sobriety Treatment and Recovery Teams for families with co-occurring substance use and child maltreatment: A randomized controlled trial. *Child Abuse & Neglect*.



Ready to learn more?

Hear about Dr. Hall's work directly by watching these videos.



Read more about Dr. Hall's work here.



LESLEY M. HARRIS

Associate Professor

PhD in Social Work
University of California,
Los Angeles

Using qualitative, arts-based, and community-engaged methods to amplify the voice of the historically silenced.

? What motivates you to conduct research in this particular area?

I have always been motivated to do international work because my practice experience of working in refugee resettlements across three different organizations made me interested in global social work and the migration of people. I was also interested early on in how international NGOs' services impact people's wellbeing and health. Social workers and people who work in refugee resettlement organizations and international NGOs can improve or harm individuals' quality of life depending on their services' quality and competency.

? Why is this research important to our community members?

The projects that genuinely have had the most impact have been ones where a community partner is driving the show is highly motivated, and believes in the work of researchers and the resources that researchers could bring to the table.

? How do you know that your research is making a difference in the lives of real people?

I've realized a lot about the power of art and creativity and not only asking somebody for their story but also fostering an appreciation for the work that they have created. Our voice is one thing in an interview, but showcasing someone's art is another level of engagement that I think can make a huge impact. One of the most significant points in my career was with the Promise, Witness, Remembrance Project at the Speed Art Museum. A participant emailed our team and said, "I never imagined that my work would be in an exhibition at a museum that was featured on NPR, the Smithsonian magazine [and other media outlets]. I learned that I was not dreaming big enough when I dreamed before."

? What are you most proud of in terms of the impact of your research?

I am proud of the mentorship I have done with Ph.D. students. I don't think I have published without a ton of students on every one of my papers, and I feel like that is something I am proud of because it is a different pathway to scholarship. To me, it's a really important and fulfilling process to partner with Ph.D. students. I have a lot of students that the Academy was not probably something they imagined themselves being in or were told they are not a part of. I need to pay this back; someone did this for me, and I need to keep that energy going, and I hope my Ph.D. students will do that as well.

? What is the most important question we need to answer to move the field forward?

What does long-term support look like for families impacted by HIV? Now, there are older adults living with HIV, and we are seeing people die of old age instead of AIDS-related illness; how are aging service providers going to adapt to adjust our services to meet the needs of the older adults living with HIV?



RESEARCH INTERESTS



- International Social Work
- Intergenerational Caregiving
- Gerontology
- HIV/AIDS Prevention & Treatment
- Qualitative & Mixed Methodologies
- Arts-Based Approaches to Research

Qualitative methods is and has always been where it's at. We deserve to be at the table, this is not a method that's in conflict with quantitative methods and ways of being. It's a method that can compliment post-positivist projects. It's a method that is amazing and transformational in its own right.

Lesley M. Harris

Highlighted Publications

“*My work has assisted in the development of several interventions impacting older adults affected by HIV/AIDS, both domestically and internationally. I work closely with organizations to develop trainings and interventions for social workers and healthcare professionals on how stress and stigma impact engagement in care among older adults living with HIV.*”

Harris, L.M., Silverstein, S., Crawford, T.N., Kerr, J.C. & *Ball, D. (2021). Exploring the Impacts of Alcohol and Other Drug Use on HIV Care Among Older African American Adults in Kentucky: A Constructivist Grounded Theory Study. *Journal of the Association of Nurses in AIDS Care: JANAC*.doi: 10.1097/jnc.00000000000003197.

Nash, W., Harris, L.M., *Heller, K. & *Mitchell, B. (2021). “We are saving their bodies and destroying their souls”: Family Caregivers’ Experiences of Formal Care Setting Visitation Restrictions during the COVID-19 Pandemic. *Journal of Aging & Social Policy*,33(4-5), 398-413. doi: 10.1080/08959420.2021.19621648.

Kerr, J., Combs, R., *Ayangeakaa, S., Harris, L.M., Bullock, N., Sterrett-Hong, E. & Parker, K. (2021). Examining Factors that Impact Intentions to use Pre-exposure Prophylaxis among African American Young Adults. *Archives of Sexual Behavior*,50(7), 2933-2941. <https://doi.org/10.1007/s10508-021-01974-19>.

Middleton, J., Harris, L.M., Matera Bassett, D. & Nicotera, N. (2021). “Your Soul Feels a Little Bruised:” Forensic Interviewers’ Experiences of Vicarious Trauma. *Journal of Traumatology*. Advance online publication. <https://doi.org/10.1037/trm0000297>

Kerr, J.C., Harris, L.M., Glass, E., Golden, T. & Crawford, T.N. (2020). “I Shall Live and Not Die”: Using Monologues Based on the Experiences of Older African Americans Living with HIV to Address HIV-related Stigma among African Americans in Louisville, Kentucky. *Family and Community Health*, 43(4), 257-263. doi: 10.1097/FCH.0000000000000268



Ready to learn more?

Hear about Dr. Harris’s work directly by watching these videos.



Read more about Dr. Harris’s work here.



BARBARA A. HEAD

Affiliated Faculty
Associate Professor,
University of Louisville
School of Medicine

PhD in Social Work
University of Louisville

Preparation of students to work on interprofessional teams and the development of social work and nursing workforce is essential to the practice of quality palliative and hospice care.

? What motivates you to conduct research in this particular area?

Being a dual professional and nurse and a social worker, I have always seen the value of teamwork in outcomes for patients and families, and also outcomes for the team members, because not one person can do it all in palliative care.

In the past all education was in silos. Everybody just stuck into their little school and it's still a lot like that. It really takes an effort to do interprofessional education because of different calendars and different campuses and just heavy curriculums that don't include that in the curriculum because it's so crowded already.

? Why is this research important to our community members?

We all are going to get sick. We've all had experiences with illness. Maybe chronic illness. There's so much more chronic illness than there's ever been before it because people are living longer with chronic illness. The value to the community member is that they have a team of professionals that can address their holistic needs and not just their disease, but really help them with all the other things that impact their life.

? How do you know that your research is making a difference in the lives of real people?

We measure changes in the faculty members and in the teams that we work with. We do know that that work is resulting in more interprofessional initiatives in those schools that we have included our training programs, but measuring patient outcomes is really hard. Satisfaction surveys say with Hospice or palliative care that patients and families appreciate having the whole team.

? What are you most proud of in terms of the impact of your research?

I am very proud of the educational research and the impact we have had on other faculty teams across the nation. I was active with the social work Hospice palliative care network, who was interested in developing a certification program. We researched with social workers practicing in palliative and Hospice care here, to learn what their task and knowledge and skills were practicing in that specialty and then out of that we developed a test, an evidence-based test, which they would have to pass in order to be certified. To have the social workers come forth and become certified in the field and that really put them on the same level as physicians, nurses, and chaplains that were certified. To me, that's probably my biggest contribution to the to the field of social work.

? What is the most important question we need to answer to move the field forward?

Are we preparing students to collaborate and work on interprofessional teams and to provide the best patient care? are we really doing that through our educational processes?



RESEARCH INTERESTS



- Interprofessional Education in Palliative Care
- Financial Impact of a Cancer Diagnosis
- Development and Speciality Certification of Hospice and Palliative Social Workers and Nurses
- Telehealth in Palliative Care

Looking back over my career, I can see how research really contributes to improvements in practice and growth for the profession, and it's been so important in social work. We've come a long way in terms of research and having an evidence base for our profession. Looking back, I probably see more than other people see the outcomes of research, and often it's very small steps.

Barbara A. Head

Highlighted Publications

“
My work has led to interprofessional activities with nursing, social work, medical, pharmacy, and dental students. It has influenced interprofessional education on a national level through preparing faculty teams for this work. My work has also led to the development of a specialty certification program for hospice and palliative care social workers.”

Kayser, K., Smith, L., Washington, A., Harris, L.M., & Head, B. (2021) Living with the financial consequences of cancer: A life course perspective, *Journal of Psychosocial Oncology*, 39:1, 17-34, DOI: 10.1080/07347332.2020.1814933

Schapmire, T. J., Head, B.A., & Pfeifer, M. (2020). The interprofession-al educational exchange (iPEX) program: Preparing faculty to develop interprofessional education in palliative oncology. *PsychoOncology*. 2020; 29: 66– 117. <https://doi.org/10.1002/pon.5328>

Middleton, A, Head, B., Remke, S. (2019). Fast Fact: Role of the hos-pice and palliative care social worker. Accepted for publication: Jour-nal of Pain and Symptom Management, December, 2019

Head, B., Peters, B., Middleton, A., Friedman, C., Guman, N. (2019). Results of a nationwide hospice and palliative care social work job analysis. *Journal of Social Work in End-of-Life & Palliative Care*. DOI: 10.1080/15524256.2019.1577326 Published online: March 20, 2019, pp 16-33.

Head, B., Middleton, A. (2019). Work satisfaction among hos-pice and palliative nurses. *Journal of Hospice and Palliative Nursing*. ISSN: 1539-0705; PMID: 30964830. Published online April 5, 2019.

Head, B.A., Furman, C.D., Lally, A.M., Leake, K., Pfeifer, M.P. (2018). Medicine as it should be: Teaching team and teamwork during a palli-ative care clerkship. *Journal of Palliative Medicine*.



Ready to learn more?

Hear about Dr. Head's work directly by watching these videos.



Read more about Dr. Head's work here.



DAVID A. JENKINS

Professor

PhD in Social Work
Florida State University

Scholarly discussions of issues facing families must include the experiences of sexual minorities.

? What motivates you to conduct research in this particular area?

My really big motivation was when I began to look at the literature, there's such a lack of any kind of discussion or inclusion of gay people, lesbians, and their development, families, and parenting. There was nothing to really talk about a life or an ever-after for gays and lesbians. That really motivated me because personally, I wanted a vision or a target of where I was going for my own life. Not only for me, but also people that I knew that were gay. I just knew there was more there. really motivated me to begin hearing and telling their stories.

? Why is this research important to our community members?

Even if you think about the most unlikely unwelcoming community member, they are going to have a loved one, probably, that is gay or lesbian or that they love someone or care for someone who is gay or lesbian. That's where I tap into the humanness of gays and lesbians because I think for so long they were seen as a thing or an item. I try to make these people human--that they are in love, they are parents, and they're grandparents. And if you can relate that to the audience's own love of being a parent or caring for their parents, or caring for their grandparents, you make this a human issue.

? How do you know that your research is making a difference in the lives of real people?

When I started, none of these things were being included in the literature and so now that that people are including the experiences of gays and lesbians and trans people in their textbooks and in their chapters, that's a victory. That to me makes a huge difference—it's that they can't be erased. They can't be unseen as easily.

? What are you most proud of in terms of the impact of your research?

Michael La Sala and I wrote a paper on the risk and rewards of being an LGBT researcher or doing research on LGBT people. And it's one of my more highly cited papers and basically what we did was we laid out that you're going to get ridiculed for doing this type of work, but keep doing it. Keep telling the story of the experience of these people what it's like to do this work, what it's like to be marginalized.

? What is the most important question we need to answer to move the field forward?

Do interventions need to be tweaked and altered to better serve gay and lesbian clients? Is the intervention different because of their sexuality? I think it is. I don't know that it's fundamentally totally different, but I believe there are things that you're gonna have to be doing to join with, understand and help them through their crises.



RESEARCH INTERESTS



- Individual and Family Marginalization
- Health Disparities
- Couples & Family Therapy
- Substance Abuse & Recovery
- Therapeutic Interventions

I had the privilege for a very short time to run a gay and lesbian inpatient substance abuse facility and knowing that these people had so many sort of traumatic experiences that helped either lead them to addiction or continue them in addiction.

I really wanted treatment to take into consideration the experiences of gays and lesbians. Because if you just make them change the pronouns of who their loved one is in a group sobriety meeting, you know that won't help them. That won't get at the core issues of what's really bothering these people and help them get to recovery.

David A. Jenkins

Highlighted Publications

“
Lack of visibility, stigma, and marginalization negatively impacts the health and wellbeing of individuals and their families. This marginalization process results in discrimination, isolation, and increased stress. Specific services targeted to these individuals and their families may be overlooked, inadequate, or difficult to access.
”

McBride, A.M., Abrams, L.S., Dettlaff, A., Gregoire, T., **Jenkins, D.**, Uehara, E. (2019). Advancing the Public Impact of Social Work Scholarship: Perspectives of Deans and Directors. *Journal of the Society for Social Work and Research*, 10(4). doi: <https://10.1086/706154>.

Walker, C., **Jenkins, D.**, & Cohen, H. (2016). An older transgender woman's quest for identity. *Journal of Psychosocial Nursing and Mental Health Services*, 54(2), 31-38. doi: <https://doi.org/10.3928/02793695-20160119-04>.

Jenkins, D. (2013). Boundary ambiguity in gay stepfamilies: Perspectives of gay biological fathers and their same-sex partners. *Journal of Divorce & Remarriage*, 54(4), 329-348. <https://doi.org/10.1080/10502556.2013.780501>.

Rowan, N., **Jenkins, D.**, & Park, C. (2013). What is valued in gay and lesbian specific alcohol and other drug specific treatment? *Journal of Gay and Lesbian Social Services*, 25(1), 56-76. <https://doi.org/10.1080/10538720.2012.751765>.

Jenkins, D., Walker, C., Cohen, H. & Curry, L. (2010). A lesbian elder managing identity disclosure: A case study. *Journal of Gerontological Social Work*, 53(5), 402-420. doi: <https://10.1080/01634372.2010.488280>.

LaSala, M., **Jenkins, D.**, Wheeler, D., Fredriksen-Goldsen, K.I. (2008). LGBT faculty, research, and researchers: Risks and rewards. *Journal of Gay & Lesbian Social Services*, 20(3), 253-267.



Ready to learn more?

Hear about Dr. Jenkins's work directly by watching these videos.



Read more about Dr. Jenkins's work here.

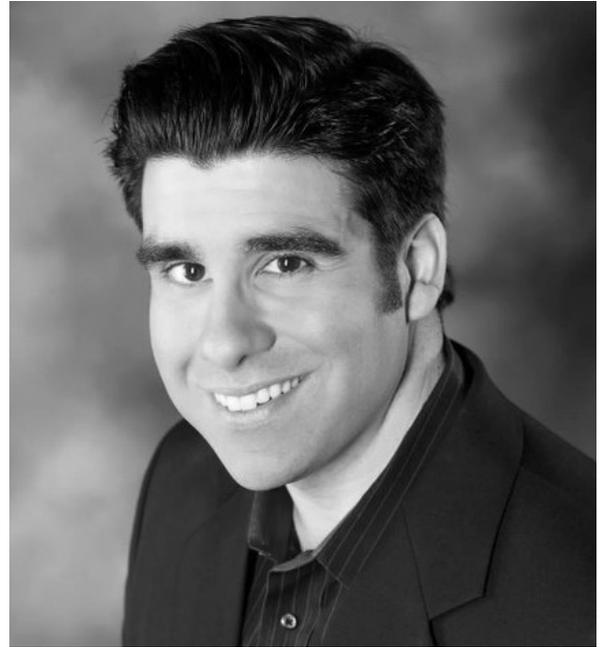


ELI A. KARAM

Professor

PhD in Marriage & Family Therapy/Child
Development & Family Services
Purdue University

Scholarship designed to build healthy and therapeutic familial relationships and understand the commonalities underlying the ties that bind the professions of social work and marriage and family therapy.



Dr. Eli Karam provides a model for the application of research to practice within the field of marriage and family therapy (MFT). His areas of study include identifying the common factors leading to change in MFT and bridging the scientist-practitioner gap in MFT research and training. Common factors refer to all techniques and therapeutic change mechanisms that transcend various models and are related to successful outcomes. All of Dr. Karam's scholarly interests have been stimulated by his real-world interactions with underserved client populations and the micro-practice of social work and MFT.

Outside of psychotherapy, his research areas center on healthy relationship education for at-risk families, adults and youth, as well as the integration between the disciplines of social work and MFT. Dr. Karam also disseminates his work to the lay public through print and television media in order to accomplish valuable public education.

Highlighted Publications

Karam, E. A., Blow, A. J. (2020). Common factors underlying couple, marital & family therapy. *Handbook of Systemic Family Therapy*, 1, 147-169.

Antle, B., Karam, E. A., Barbee, A. P., Sullivan, D., Minogue, A., & Glover, A. (2019). Intergenerational transmission of intimate partner violence and its impact on adolescent relationship attitudes: A Qualitative study. *Journal of Loss and Trauma*, 1-21.

Karam, E.A. (2019). The AAMFT Podcast: Relating, educating & innovating. . .one episode at a time. *Family Therapy (AAMFT)*, 18(4), 10-12.

Karam, E.A. (2019). Helping couples & families navigate illness and disability: An integrated approach. *Journal of Psychosocial Oncology*, 37(2), 285-286.

Karam, E.A. (2018). Training social workers in couple & family therapy. *The Encyclopedia of Couple & Family Therapy*. New York: Springer Publishing Co.

RESEARCH INTERESTS



- **Common Factors in Marriage and Family Therapy**
- **Therapeutic Alliance**
- **Social Work/MFT Integration**
- **Healthy Relationship Education**

My work is focused on strengthening the systemic ties that bind Marriage & Family Therapy and Social Work.



Read more about Dr. Karam's work here.

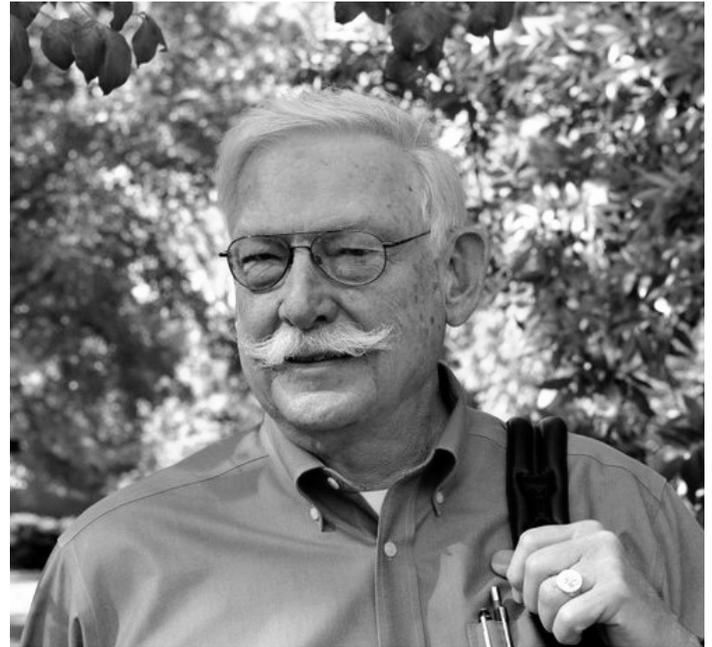


THOMAS R. LAWSON

Professor
Director,
International Studies Program

PhD in Social Work
University of Washington

Dr. Lawson's work is aimed at creating international collaborations that improve understanding and amelioration of social and health problems at the local level.



While social work has been concerned with issues of international import (poverty, refugees, war, etc.) for many decades, there has been less emphasis on developing long lasting international university relationships that allow for mutual understanding and problem solution at the regional and local level. International exchange and transfer of knowledge is critical to addressing issues arising in communities worldwide. Individuals from diverse backgrounds interacting internationally fosters improved competence in all facets of social work practice.

Lawson, T., (2020) The Promised Land, A Mountaintop and Political Courage: A View from the Ground in F. Bodi, A. Ragusa, R. Savova (Eds.), Courage in Politics: Pacini Editore, Piza, Italy.

Toldi, A., Fabian, G., Lawson, T. (2020) Female Courage in F. Bodi, A. Ragusa, R. Savova (Eds.), Courage in Politics: Pacini Editore, Piza, Italy.

Lawson, T., Faul, A., & Verbist, A (2019) Research and Statistics for Social Workers. Routledge, New York, N.Y.

Fabian, G., Huse, L., Szoboskai, K., Lawson, T., Toldi, A. (2017). Hungarian female migrant sex workers: Social support and vulnerability at home and abroad. International Social Work, December, 1-13.

Ghanem C., Lawson, T., Pankofer, S., Maragkgos, M., Kollar, I. (2017). The Difussion of Evidence-Based Practice: Reviewing the Evidence Based Practice Networks in the United States and German-Speaking Countries. Journal of Evidence-Informed Social Work 14 (2) 86-118.

Lawson, T., (2016) Chinese-English Social Work Dictionary availa-ble free for Ipad and Iphone at: <https://itunes.apple.com/us/app/social-work-dictionary-pro/id1116561857?mt=8>

Dr. Lawson's research and scholarly activity over the past 40 years has focused on similarities and differences between cultures and under what conditions a viable transplant of ideas and programs may take place.

This has led to successful two-way adaptation of approaches, models, methods, programs and education in many countries. Involving students has been a vital component in his work as they are the future of our world community.



Read more about Dr. Lawson's work here.



JENNIFER MIDDLETON

Associate Professor

PhD in Forensic Social Work
University of Denver

Transformational, trauma-informed leadership qualities positively relate to successful implementation of trauma-informed organizational change, employee job retention, and overall employee health and wellbeing.

? What motivates you to conduct research in this particular area?

A lot of my research work is informed from my practice work. A number of years ago for about 10 years I worked as a forensic interviewer interviewing children who were potential victims of child sexual abuse primarily. In doing that work, I really had to dig deep and find an internal motivation to sustain me, and doing that work and the mantra I really cared with me was that I was well, I couldn't control the outcomes of my forensic interviews and that case investigations that involved my forensic interviews with the children. I was still giving children a voice no matter what in their experience. So that kind of giving children a voice was a mantra that stayed with me. I think that is really what grounds me in a lot of my research

? Why is this research important to our community members?

We want to help individuals heal. We want to support their process of healing and recovery, and when we can learn more about the complexities and also test different strategies, approaches or even interventions that can help them heal. Whether it's at the individual level or collectively as a community, that's also something that's going to benefit people at that individual level and throughout the Community.

? How do you know that your research is making a difference in the lives of real people?

People are more than just numbers and that is something I think that most of our research does a good job of highlighting. People are reporting significant healing, engagement with their families, and being able to access resources and opportunities they couldn't access before. Through our process of interviewing them and having them take their photos and share their photos, we saw a transformation just over an 8 week period where they went from really identifying as in many cases as being victims and survivors of childhood sex trafficking to identify as so much more than that.

? What are you most proud of in terms of the impact of your research?

We are well on our way to understanding the complexities of child trafficking in Kentucky and in this area of the country. And that has served as a call to action to our communities and our state. Not only to create more awareness across the community, but also to generate funding. To support important practice and policy changes that have needed to occur to better address this issue of child trafficking, specifically in our state.

? What is the most important question we need to answer to move the field forward?

Understanding how to help organizations see the value and utility of engaging in what is sometimes a rigorous and cumbersome process of studying implementation. Helping them see that that is a good investment of their time and resources, that that will actually help them retain staff not have higher turnover.



RESEARCH INTERESTS



- Trauma-Informed Child Welfare and Forensic Social Work
- Adverse Childhood Experiences (ACEs)
- Domestic Minor Sex Trafficking
- Intersection of Sexual Violence and Substance Abuse
- Trauma-Informed Organizational Change
- Vicarious Traumatization Among Helping Professionals

Our project has served as a model and so now we're working with other communities who have experienced a lot of civil unrest and racial trauma.

Jennifer Middleton

Recent Publications



My community-engaged research has made a significant contribution to social work and the multidisciplinary fields of child welfare and traumatic stress studies. Our work has advanced the field in ways that are helpful to victims of trauma and those that work to help victims recover and heal.



Middleton, J. & *Edwards, E. (2021). Detecting child trafficking within the child welfare system: Recommendations and best practices for screening and identification protocols in the United States. *International Journal of Forensic Research and Criminology*.9(1), 1-10.

Middleton, J., Harris, L.M., Matera Bassett, D., & Nicotera, N. (2021). "Your soul feels a little bruised:" Forensic interviewers' experiences of vicarious trauma. *International Journal of Traumatology*. Advanced online publication. DOI: <http://dx.doi.org/10.1037/trm0000297>

Prost, S.G. McDonald, A., Plassmeyer, M., Middleton, J., & Golder, S. (2021). Not all traumas are equal: Post-traumatic stress and quality of life among women in prison. *Journal of Women and Criminal Justice*, DOI:10.1080/08974454.2020.1871160

Middleton, J., Edwards, E., Roe-Sepowitz, D., Inman, N., Frey, L., & Gattis, M. (2020) Adverse childhood experiences as predictors of sex trafficking among homeless youth in Kentuckiana. *Journal of Human Trafficking*.

Middleton, J. & Edwards, E. (2020). Detecting Child Trafficking within the Child Welfare System: Recommendations and Best Practices for Screening and Identification Protocols in the United States. *International Journal of Forensic Research and Criminology*. In press.

Middleton, J. & Edwards, E. (2020). A Five-Year Analysis of Child Trafficking in the United States: Exploring Case Characteristics and Outcomes to Inform Child Welfare System Response. *International Journal of Forensic Research and Criminology*, 8(5), 192-203. <https://doi.org/10.15406/frcij.2020.08.00328>



Ready to learn more?

Hear about Dr. Middleton's work directly by watching these videos.



Read more about Dr. Middleton's work here.



HEEHYUL MOON

Associate Professor

PhD in Social Welfare
Case Western Reserve University

At some point in our lives, we will all be either caregivers or care recipients.

? *What motivates you to conduct research in this particular area?*

Conducting research in gerontology, and providing scientific evidence is part of my job and my responsibility to society. I was very close to my grandma, and then I was always really interested in older people. During my undergraduate Social Work internship, I felt comfortable and competent when I worked with older people. That still brings me so much joy. That's how I got into aging and why I keep doing this research. I also had the opportunity to work with dementia patients and families, through my masters, doctoral program and then post-doc, and then I really realized that the patients really have been neglected in the care process. I decided to devote myself to helping out those families and then dementia patients to maintain or sustain their lives.

? *Why is this research important to our community members?*

For dementia caregivers and patients, especially racial minorities, there should be an easy way to navigate knowledge about dementia care services. Caregivers and dementia patients should benefit from, you know, available services, programs to increase awareness to receive a timely diagnosis, which is important, and ensure effective interventions to delay cognitive decline and enhance the quality of life.

? *How do you know that your research is making a difference in the lives of real people?*

I do community-based participatory research and then share our findings with our community. And when communities show or even one person says something positive, "because of your talk or because of your service or intervention I was able to use this type of service." I mean that kind of makes me feel like I am making a difference. So this kind of research is not just an ivory tower thing; it's relevant in making people's lives different.

? *What are you most proud of in terms of the impact of your research?*

[Dr. Rote's] and my studies were recently cited by the Alzheimer's Association so I feel like our findings may be good evidence, so we're proud of those. I'm proud of those papers because we provide evidence why we should focus on ADRD health disparities. It takes time, but I feel like what I'm doing is impacting my field.

? *What is the most important question we need to answer to move the field forward?*

What are the most comprehensive, culturally appropriate, and cost effective ways to delay dementia onset?

I would say more social factors like how we can help racial minority people to get screened early and get appropriate intervention early.



RESEARCH INTERESTS



- **Minority Health**
- **Caregiving**
- **Immigrants**
- **Research Methods**
- **Dementia**
- **Community-Based Participatory Action Research**

This is why I conduct studies to identify needs and barriers to service use among local dementia families here in Kentucky and also to identify social factors for dementia and navigate appropriate ways to deliver care to racially and ethnically diverse families here in the U.S.

If you're over 65, 1 in 9 have dementia. So it can be my story. It can be my parents' story.

Heehyul Moon

Highlighted Publications

“
My work focuses on enhancing quality of life of older adults and their caregivers and on reducing health disparities among racially and culturally diverse older adults and their families.
”

Dilworth-Anderson, P., & Moon, H. (2021) The Long Arm of Inequities and Minority Elders: Life Course Matters, Generation Today, Jan-Feb

Moon, H., Haley W., Rote, S., & Sears, J. (2020). Caregiver Well-Being and Burden: Variations by Race/Ethnicity and Care Recipient Nativity Status. Innovation in aging, 4(6), igaa045. <https://doi.org/10.1093/geroni/igaa045>

Moon, H., Kim, H., Rote, S., Haley, W., & Sears, J. (2020). The Effects of Nativity Status on Well-Being Among Medicare Beneficiaries by Race/Ethnicity: A Multi-group Analysis. Journal of Immigrant and Minority Health, 1-9. <https://doi.org/10.1007/s10903-020-01072-9>

Kayser, K., Brydon, D., Moon, H., & Zebrack, B. Kayser, K., Brydon, D. M., Moon, H., & Zebrack, B. (2020). Institutional capacity to provide psychosocial care in cancer programs: Addressing barriers to delivering quality cancer care. Psycho Oncology, 29(12), 1995-2002 <https://doi.org/10.1002/pon.5488>

Dilworth-Anderson, P., Moon, H., & Aranda, M. (2020). Dementia caregiving research: Expanding and reframing the lens of diversity, inclusivity, and intersectionality. The Gerontologist, 60(5), 797-805

Lee, Y. S., Roh, S., Moon, H., Lee, K. H., McKinley, C., & LaPlante, K. (2020). Andersen's Behavioral Model to Identify Correlates of Breast Cancer Screening Behaviors among Indigenous Women. Journal of Evidence-Based Social Work, 17(1), 117-135.

Rote, S., Angel, J., Moon, H., Markides, K., (2019) Caregiving Across Diverse Populations: New Evidence from the National Study of Caregiving (NSOC) and Hispanic EPESE (H- EPESE) Innovation



Ready to learn more?

Hear about Dr. Moon's work directly by watching these videos.



Read more about Dr. Moon's work here.



SHARON E. MOORE

Professor

PhD in Social Work
University of Pittsburgh

The wellbeing of African American faculty and students at predominantly white postsecondary institutions, police shootings of Black males, social work practice, and the African American church are critical agendas for research.



? **What motivates you to conduct research in this particular area?**

I always look at what I'm doing as being greater than me. Whatever time I have before I leave—and I'm not planning on retiring anytime soon—but when my time is up I think I will rest better knowing that I made a positive impact on people. I do it for the Black faculty and students who often have a very challenging time in a white institution. Sometimes the attitude is that they need to fit in rather than the institution needs to build supports for them.

? **Why is this research important to our community members?**

I consider the importance of the African American Church, the Black Church is only second in importance in the Black community to the family. From the era of US slavery to now Black churches played and continue to play a critical and very important role in the African American community in terms of the socialization, spiritual development and encouragement of Black people. We live in a society where race is a factor in every human interaction in America and the Black Church is a place that is very supportive to African American people. The economic value of the Black Church is beneficial to all of society. Many of the African American churches, almost all of them, have community involvement where they're trying to better the environments where they're located.

? **How do you know that your research is making a difference in the lives of real people?**

We don't want to just research for the sake of research or to put it on a CV. So I get feedback from colleagues and from people in the community. I also have a letter from the editor of the Journal of African American studies saying that the edition of the journal that I guest-edited had the most downloaded articles in the history of that journal. So I know what I'm doing has impact.

? **What are you most proud of in terms of the impact of your research?**

I'm most proud of the mentoring that I've done with Kent School doctoral students and with colleagues from around the country. Because I have purposely sought to help them get tenure and promotion, and that is happening. So I have a cadre of about 5-6 people that I've been working with and they have been promoted to full professor to associate professor.

? **What is the most important question we need to answer to move the field forward?**

How can we really make an impact and a difference in the challenges that African American community faces and has had have faced historically in this country?

RESEARCH INTERESTS



- **Police and the Unarmed Black Male**
- **African American Faculty**
- **The African American Church**
- **Self-Care & Social Work Students**
- **Social Work Practice**
- **Caregiving**

When we talk about poverty when we talk about substance abuse, when we talk about crime within the community, where we talk about redlining and so it's not being offered proper housing, when we talk about people being taken advantage of economically, we talked about the educational system and how it's a prison pipeline. So many of our African American students to go to prison.

How can we for real work to make a difference in that area?

Sharon E. Moore

Highlighted Publications

“
My research aims to advance knowledge and understanding of my areas of interest within the field of social work and across different disciplines and to increase partnerships between academia and others with an overall objective to make a difference in the wellbeing of individuals in society.
”

Adedoyin, C., Copeland, R. & Moore, S, Folaranmi, O.(2021). Integration of Faith and Spirituality in Social Work Education: A Systematic Review of Evidence in the Last 35 Years (1985-2020). *Journal of Social Work & Christianity*, 48(3), 288-307.

Clayton, D., Moore, S.E. & Jones-Eversley, S. (2021). A Historical Analysis of Racism within the U.S. Presidency Implications for African Americans and the Political Process. *Journal of African American Studies*, <https://doi.org/10.1007/s12111-021-09543-5>.

Moore, S. E., Adedoyin, C., Jones-Eversley, S. & Curtis, C. (2021). Self-Care in an Era of Pathos: The Effects of the Trump Presidency on the well-Being of Social Workers. *Urban Social Work*, 5(2), 93-107.

Nwachuku, B., Laing, B., Sterrett-Hong, E., Burney-Perry, G. & Moore, S.E. (2021). Providing Trauma Informed Care to African American Youth Through Kinship Care: Implications for Social Work. *Journal of Foster Care*, 2(1), 20-26.

Boamah, B., Jones-Eversley, S., Harmon, D., Adedoyin, C., Burton, K., Sanders, S., Jones, C., Nwachuku, B. & Moore, S.(2021). Dismantling Structural Racism, Hate, and White Supremacy Through Course Assignments That Integrate Faith and Learning in Social Work Curriculum. *Journal of Social Work & Christianity*. In Press for 2022.

Adegboyega, A, Boddie, S., Dorvie, H., Bolaji, B., Adedoyin, C. & Moore, S.(2021) Social distance impact on church gatherings: Socio-behavioral implications, *Journal of Human Behavior in the Social Environment*, DOI:10.1080/10911359.2020.1793869



Ready to learn more?

Hear about Dr. Moore's work directly by watching these videos.



Read more about Dr. Moore's work here.



ARMON R. PERRY

Professor
BSW Program Director

PhD in Social Work
University of Alabama

Research indicates that increased paternal involvement is associated with improved outcomes for children and families.

? **What motivates you to conduct research in this particular area?**

Before I had any designs on being a researcher, I was a CPS worker. We did a really, really poor job of engaging dads from the very beginning and by poor job. I mean dads weren't on the radar at all. I thought that was sort of ironic and weird that they were not sort of reaching out to half of the kids family. So I would just sort of do it on my own.

60% of the folks where I'm from are Black folks, so it was never lost on me that disproportionately the people we were disenfranchising and taking a flamethrower to their 14th Amendment rights were Black men, and so that didn't sit well with me either.

Family is the primary institution in society and I believe that the work around dads is the most fertile ground that there is with the family.

? **Why is this research important to our community members?**

You can't have strong communities unless you have strong families. A lot of the challenges and social problems that we face. Many of them, I think, have their origins in challenges faced by the family of origin. If there's an area where there's a possibility to make a dent and make an impact, I think if we make it somewhere in the family that I think that it can have ripple effects into other areas.

? **How do you know that your research is making a difference in the lives of real people?**

Most of the work that I do has a community sort of focus. Most of the intervention research I do is usually mixed methods, so we'll do some quantitative stuff because you have to have outcomes to be able to satisfy funders. But I've grown to have a real appreciation for the qualitative, because I like the lived experiences of the people and the nuances and I really have come to realize that it's a privilege to have to sit before a group of people and have them share their stories with you.

? **What are you most proud of in terms of the impact of your research?**

I don't see myself as a sort of a scholar or expert. But where I am really, really comfortable is in the community, with people talking with people about what's happening with them and trying to take whatever skills and knowledge I've acquired over the years to try to come up with things that can be of assistance. I'll be satisfied if people say that I was a part of a solution.

? **What is the most important question we need to answer to move the field forward?**

If we can come up with ways to increase the level of empathy between those people, then what we can do is we can begin to get them to see themselves in their coping. And then I think we reduce some of the Co parenting conflict. At that point in time, dads can take a more active role in their kids life. We can reduce mothers parenting stress and their burden that gets dropped on them. And then we can create a virtuous cycle of people working together for the benefit of children.



RESEARCH INTERESTS



- **Fathers' Involvement in the Lives of Their Children**
- **African American Males' Role in Family Functioning**

If we stopped artificially suppressing people's incomes based on gender and that sort of thing, then families wouldn't be forced or compelled to do what they all too often do in a capitalist society, which is to make decisions about who does what based on who's in a position to earn the most money.

As a consequence of that, we end up defaulting to these rigid divisions of labor along gender lines, which box both men and women in because it locks men out of nurturing and caregiving and we place an undue burden on women.

Armon R. Perry

Highlighted Publications

“
My research seeks to illuminate the contributions that men make to their families, tangible and otherwise.
”

Perry, A., & Langley, C. (2021). Group Based Parent Education Intervention for Non-resident Fathers. *Research on Social Work Practice*, 3(1), 860-867.

Perry, A., Rollins, A., O'Rea, E., & Perez, A. (2021). Fatherhood and co-parenting: A study of engaging mothers in paternal involvement interventions. In J. Fagan and J. Pearson (Eds.) *New research on parenting programs for low income fathers*. (pp. 119-133). Routledge Publishers.

Perry, A. (2020). *Black love matters: Authentic men's voices on marriages and romantic relationships*. Lexington Books.

Williams, D., & Perry, A. (2019). More than just incarceration: Law enforcement contact and black fathers' familial relationships. *Issues in Race & Society*, 47, 85-118.

Smith, S., Jones, J., Brooms, D., & Perry, A. (2019). What's really going on with Black masculinity?: Multiple reflections on Black Panther. In E. Kirby and M.C. McBride (Eds.) *Gender actualized: Cases in communicatively constructing realities*. (pp 193-201). Dubuque, IA: Kendall Hunt Publishing.

Perry, A., Archuleta, A., & Teasley, M. (2018). African American men on the dissolution of marriage and romantic relationships. *Journal of Black Sexuality and Relationships*, 4(3), 25-48.

Kerr, J., Schafer, P., Perry, A., Orkin, J., Vance, M., & O'Campo, P. (2018). The impact of racial discrimination on African American fathers' intimate relationships. *Race and Social Problems*, 10 (2), 134-144.



Ready to learn more?

Hear about Dr. Perry's work directly by watching these videos.



Read more about Dr. Perry's work here.



STEPHANIE GRACE PROST

Associate Professor

PhD in Social Work
Florida State University

Enhancing timely and targeted correctional health care is essential to assuring positive, multi-system outcomes for persons receiving health services in our nation's jails and prisons, their caregivers, criminal justice professionals, and administration.



? **What motivates you to conduct research in this particular area?**

It's deeply personal, and I think. So many of us who are in social work are, like you know, wounded warriors for lack of a better word or whatever phrase people use. But my dad has been in and out of prison my whole life. So I've been dealing personally with this area, this intersection of older adulthood and justice system involvement my whole life. I don't have a fear of death and dying in the same way that I think can be scary for practitioners, and so it's just kind of a natural intersection. It's so incredibly salient, but it's not an issue that's well received. Even in social work. When we do some advocacy surrounding folks who commit some pretty heinous crimes, violent sexual offences against minors, it's difficult for the public broadly, and certainly policymakers to reconcile.

? **Why is this research important to our community members?**

What's happening more often than not is that people in prison get really old. They get sick. They go for consistent outpatient and inpatient stays, and that really leads to kind of like is increasing morbidity and eventually mortality within a traditional nursing situation. COVID has made this a more pronounced public health issue, but there's not the political willingness to advocate for more compassionate release.

? **How do you know that your research is making a difference in the lives of real people?**

I think my service is actually more impactful than my research. But in order for me to be tapped to do the service, people have to recognize me as an expert. We were instrumental to providing content and feedback on an amicus brief that was used in a federal case for compassionate release. Being able to advocate for prisoners has shown me the actual impact of my work.

? **What is the most important question we need to answer to move the field forward?**

The only thing you can do to convince people, I think is to do something meaningful with these folks and to say you can somehow reduce their expenses. Every Department of Corrections across the country spends the greatest proportion of its non-staff related funding on health care.

The health care needs of older adults are the greatest of all the people who were there and their care is far more expensive and far more long term. So if following that logic then you need to do things to enhance care, improve outcomes and reduce costs.

RESEARCH INTERESTS



- **Correctional Health Care**
- **Older Adults with Justice Involvement**
- **Forensic Social Work**
- **Quality of Life**
- **Psychometrics**

We have entire wings, long term care and assisted living in prisons. Now it's shocking when we brought our master students in to do data collection at 2018, like their jaws just hit the floor. What are we even looking at? When you see people who are shackled with ostomy bags or walkers like your brain doesn't even know what it's seeing.

Stephanie Grace Prost Highlighted Publications

“
My work increases our knowledge surrounding older adulthood behind bars, namely the heavy physical and mental health burden of this vulnerable group. Such efforts are necessary to assure older adult health and safety during incarceration and to increase the likelihood of safe and successful reentry for those who are released.
”

Archuleta, A. J., & Prost, S. G. (2021). Examining the World Health Organization's WHOQOL-BREF: Assessing the structural and convergent validity in a general U.S. population. *Human Behavior in the Social Environment*.

Prost, S. G. & Novisky, M. A. (2021). Visitation and quality of life among older adults in jail. *International Journal of Prisoner Health*. Advanced doi: 10.1108/IJPH-06-2021-0058

McDonald, A., Prost, S. G., Plassmeyer, M., Oehme, K. (2021). The contribution of adverse childhood experiences to work-related stressors among law enforcement officers. *Policing: A Journal of Policy and Practice*. Advanced doi: <https://doi.org/10.1093/police/paab047>

Prost, S. G., Golder, S., Pettus-Davis, C., Edmond, T., Renn, T., Higgins, G. E., & Logan, TK. (2021). Correlates of post-traumatic stress among victimized women on probation and parole. *The Probation Journal*. Advanced doi: 10.1177/02645505211032171

Prost, S. G., McDonald, A., Plassmeyer, M., Middleton, J., & Golder, S. (2021). Not all traumas are equal: Post-traumatic stress and quality of life among women in prison. *Women & Criminal Justice*. Advanced doi: 10.1080/08974454.2020.1871160

Prost, S. G., Novisky, M. A., Rorvig, L. B., Zaller, N., & Williams, B. A. (2020). Prisons and COVID-19: A desperate call for gerontological expertise in correctional healthcare. *The Gerontologist*. Advanced doi: <https://doi.org/10.1093/geront/gnaa088>

Holland, M., Prost, S. G., Hoffmann, H. C., & Dickinson, G. E. (2020). Access and utilization of compassionate release in state departments of corrections. *Mortality*. Advanced doi: 10.1080/13576275.2020.1750357



Ready to learn more?

Hear about Dr. Prost's work directly by watching these videos.



Read more about Dr. Prost's work here.



SUNSHINE M. ROTE

Associate Professor
Interim Director of Research

PhD in Sociology
Florida State University

Identifying the social, economic, and health challenges related to the care of a rapidly aging and ethnically diverse older adult population.

? What motivates you to conduct research in this particular area?

I think a lot of people who study gerontology have had significant relationships with older adults early in their life. I was always really close to my grandmother and my great, great aunt—I was named after both of those women and they have had a pretty strong impact on my life. I think having those close relationships with older adults early on really impacted me as well as family experiences with dementia.

In terms of the Latino population, I grew up in South Texas, which is very culturally rich. We know it's medically underserved and socioeconomically disadvantaged area, and a lot of caregiving research has overlooked this fast-growing population.

? Why is this research important to our community members?

Most people you talk to have had some sort of experience with dementia; have had at least a family member they've known who's lived with dementia or have provided some sort of caregiving duties. Whether it's to children, parents, partners, siblings, anything like that, the ideas of caregiving reverberate across a lot of people and impact a lot of people.

We all hope to make it through to late life right? because our population is shifting so much demographically in terms of age and ethnicity. We want to make sure that we support this generation, but also those future generations to come as the population shifts.

? How do you know that your research is making a difference in the lives of real people?

A lot of my research is basic research, not specifically intervention focused. I hope to be informing interventions and policy decisions through using representative data on diverse family caregivers.

? What are you most proud of in terms of the impact of your research?

I try to publish in widely read gerontology journals to get the word out about this important topic.

Work we've done in the community has been very impactful in that we've worked with caregivers to better understand services and needs and connect caregivers to existing services through the Alzheimer's Association and local Area agencies on aging.

? What is the most important question we need to answer to move the field forward?

How do we frame these important policies we need in place for older adult and family caregivers so that they can gain momentum and acceptance within the country?

Framing the needs of older adults living with dementia and their family caregivers and bringing that conversation to a bigger stage is going to be really important in the next decade.



RESEARCH INTERESTS



- Gerontology
- Mental Health
- Minority Aging
- Caregiving

There are a lot of challenges, but also a lot of beauty in helping people at the end of life.

Understanding both is important.

Sunshine M. Rote

Highlighted Publications

“
My work focuses on changing demographic and economic shifts impacting access to care for older adults with limited cognitive and physical health and on how intervention strategies can take into account diversity in aging and caregiving.
”

Kim, J., Angel, J. & Rote, S. (2021). A Longitudinal Study of Cognitive and IADL Disablement Among the Oldest Mexican Americans. *Journal of Aging & Health*, 76(4), e165-e175.

Rote, S.M. & Angel, J.L. (2021). Gender-Based Pathways to Cognitive Aging in the Mexican-Origin Population in the U.S.: The Significant of Work and Family. *The Journal of Gerontology, Series B: Social Sciences*, 76(4), e165-e175.

*Rote, S.M., Angel, J.L., Kim, J., Markides, K.S. (2021). Dual Trajectories of Dementia and Social Support in the Mexican-Origin Population. *The Gerontologist* 61(3), 374-382.

Moon, H., Kim, H., Rote, S.M., Haley, W., Sears, J. (2021). The Effects of Nativity Status on Well-being among Medicare Beneficiaries by Ethnicity: A Multi-Group Analysis. *Journal of Immigrant and Minority Health*, 23(4), 755-763.

Flores, D.V., Rote, S., Angel, J., Chen, N., Downer, B., & Markides, K. (2021). Depressive Symptoms in Child Caregivers of Very Old Mexican Americans. *Aging & Mental Health*, 25(1), 61-67

Moon, H., Haley, B., Rote, S.M., Sears, J.S. (2020). Caregiver Well-Being and Burden: Variations by Race/Ethnicity and Care Recipient Nativity Status. *Innovation in Aging*.

Flores, D.V., Rote, S., Angel, J., Chen, N., Downer, B., & Markides, K. (2020). Depressive Symptoms in Child Caregivers of Very Old Mexican Americans. *Aging & Mental Health*.

Rote, S., Angel, J., Moon, H., Markides, K.S. (2019). Caregiving Across Diverse Populations: New Evidence from the National Study of Caregiving (NSOC) and Hispanic EPESE (H-EPESE). *Innovation in Aging*, 3(2): igz033.



Ready to learn more?

Hear about Dr. Rote's work directly by watching these videos.



Read more about Dr. Rote's work here.

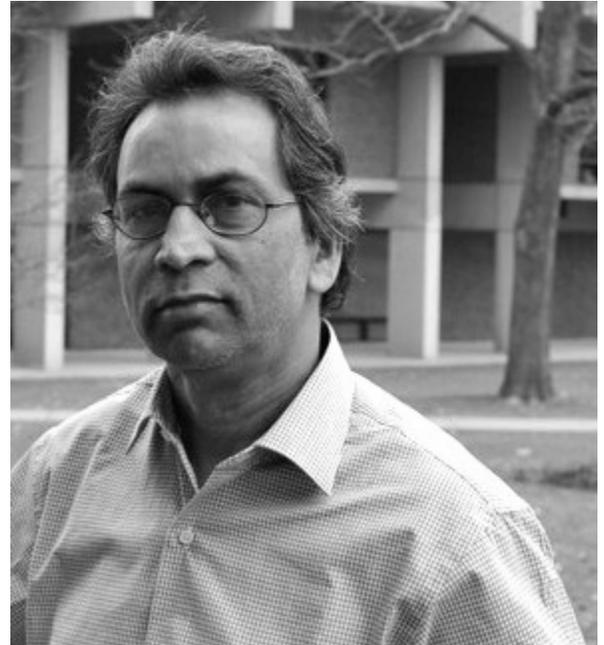


BIBHUTI K. SAR

Professor

PhD in Social Work & Social Policy
Virginia Commonwealth University

Applying multiple perspectives and methodologies to study best practices to improve the quality of life of vulnerable children, youth, and families.



? **What motivates you to conduct research in this particular area?**

I think all of my work is really rooted in having been a practitioner. My background started out working in community mental health. We get into our actual work and then realize pretty early within a year, two years. The system is broken or not working or or you feel like "I can't do anymore with this, I have to figure out how to help the system" or do more, and that prompted me to actually go back to get my doctorate. The root of all this my work is really about trying to improve practice.

? **Why is this research important to our community members?**

We are the system and so we must then change who we are or address things within the system to make things better and so on. Overall what I'm trying to do is infuse the system with information, knowledge, people, resources, to put it in the mix so that it will have some sort of impact. Another big piece of my work is trying to get actual consumers the information that they need without stigmatizing and making it like there's something wrong with them.

? **How do you know that your research is making a difference in the lives of real people?**

I don't know that we really know. I think we can make some guesses. When people respond back and I think part of it is also, you know, the relationship that you build.

? **What are you most proud of in terms of the impact of your research?**

I think one thing is that we've been able to work with a variety of organizations in the community and particularly in Louisville, and so you know I've been able to have some sort of connection or relationship with the mental health system there with various agencies, and have had a relationship with the refugee-serving community. And that's just two examples of just having some impact. I work and live [in Louisville] and to have some sort of engagement with the community is particularly important to me.

I feel like I've been put in situations where people have had the opportunity to see the benefits of education, you know, and how that can be very transformative for them personally and professionally.

? **What is the most important question we need to answer to move the field forward?**

I think the question is not are we making impact but what is the impact are we making? How could we do that better? And when I would say impact, I don't mean just like positive stuff, because we are having impact. It's not whether we are or aren't we. We just need to look at where in that spectrum is, and what we need to do differently or change in order to actually get to the end, the outcome that we intended. You know I think we all have good intentions but that doesn't always translate into good outcomes and we need to be vigilant about that and work as hard as we can.

RESEARCH INTERESTS



- **Trauma-informed Care, Interventions, and Evidence-Based Practices**
- **Child Welfare Education, Training, and Evaluation**
- **Child and Family Functioning and Wellbeing**
- **Implementation of Evidence-Based Practices in Community Settings**

I think there's a large divide in terms of how things should be and how they are, and part of my responsibility or role is to try to help get us there.

Bibhuti K.

Sar

Highlighted Publications

“

My research focuses on identifying best practices for the optimal functioning of vulnerable children, youth, and families.

”

Sar, B.K. & Bledsoe, L.(2021). Willingness to Intervene in Child Abuse and Neglect: An Exploratory Study. Child Abuse Review. 30. 10.1002/car.2678.

Ballard-Kang, J.L. & Sar, B.K. (2021):Reconstructing a Sense of Safety among Resettled Refugee Survivors of Torture: A Constructivist Grounded Theory Study,Journal of Immigrant & Refugee Studies, DOI: 10.1080/15562948.2021.1985678

Barbee,A.,Antle, B.,Langley, C., Cunningham, M.R., Whiteside,D.,Sar,B.K.,Archuleta,A., Eli Karam,E., Kevin Borders,K. (2021). How to ensure fidelity in implementing an evidence based teen pregnancy prevention curriculum,Children and Youth Services Review,Volume 129,106175,ISSN 0190-7409,https://doi.org/10.1016/j.childyouth.2021.106175.

Antle, B., Barbee, A.P., Sar, B.K., Sullian, D.J., & Tarter, K. (2019). Exploring Relational and Parental Factors for Permanency Out-comes of Children in Care. Families in Society: The Journal of Con-temporary Social Services, 1–16. DOI: 10.1177/1044389419881280

Sayre, M.M. & Sar, B.K. (2016): Social Justice in the Social Work Classroom: Applying a Professional Value to Social Work Education, Social Work Education: The International Journal, p. 1-13. DOI: 10.1080/02615479.2015.1058353

Barbee, A. P., Antle, B. L., Christensen, D. N., Archuleta, A. J., Sar, B. K., Karam, E., van Zyl, M. A., Cunningham, M. R., Borders, K. (2015). Enhancement of Reducing the Risk for the 21st Century: Improve-ment to a Curriculum Developed to Prevent Teen Pregnancy and STIs. American Journal of Sexuality Education,, 10, 40-69.



Read more about Dr. Sar's work here.



TARA J. SCHAPMIRE

Affiliated Faculty
Associate Professor
University of Louisville
School of Medicine

PhD in Social Work
University of Louisville

Cancer care that includes palliative care provided by an interdisciplinary team best meets the whole-person needs of ALL those affected by cancer.

? *What motivates you to conduct research in this particular area?*

When I was in direct practice, I was part of some amazing interprofessional oncology and palliative care teams of colleagues, from medicine, nursing and nursing assistants, to pharmacy, and physical and occupational therapies, and dieticians who came together to create shared care plans that were patient goal driven. We were accountable to each other AND the patient and family. This led us to each practice at the top of our professional scopes of practice and licenses as we knew we would be reporting our work toward patient goals in our team meetings. We could not just run in and out of patient rooms, then document in the medical record without really communicating with any of the team. I know I was a better social worker because of these teams. What I didn't realize was how rare that team care actually was. So I wanted to be a part of an interprofessional research and teaching team who could train learners early to be more oriented to interprofessional collaborative care.

? *Why is this research important to our community members?*

Healthcare's big challenge is in attaining what has come to be known as the quintuple aim of healthcare: improving population health, enhancing the care experience, reducing costs, reducing professional burnout, and improving health equity. Collaborative teaching leads to collaborative learning, which-we hope-will lead to collaborative practice, which we KNOW can help meet that quintuple aim.

? *How do you know that your research is making a difference in the lives of real people?*

To date, we have trained over 4000 learners at UofL in Nursing, Social Work, Medicine, and Chaplaincy in interprofessional palliative oncology care. They have consistently provided feedback that this learning experience is one of their favorites at UofL. They have each put in words, thru written reflections, the ways in which they will apply that learning to future practice. These learners have graduated and gone all over the country and we count on their remembering and applying what they learned.

? *What are you most proud of in terms of the impact of your research?*

Health professions students are traditionally trained in professional silos where they learn about their own profession by members of their own profession, yet they are expected to go out in the world and immediately start communicating and collaborating with other health professions. We have made small steps toward taking our learners out of those professional silos, to learning about, from and with each other and about the various professions vital to good patient care. They learn to collaborate with each other in patient care, in many cases, for the first time, BEFORE they graduate.

? *What is the most important question we need to answer to move the field forward?*

What is the long term career impact of interprofessional learning and the long term impact on patient care outcomes. We need to establish that direct link, longitudinally, between the interprofessional education around collaboration and its impact on that quintuple aim.



RESEARCH INTERESTS



- **Psychosocial Care of Cancer Survivors and Their Families**
- **Gerontology**
- **Health Disparities**
- **Palliative Care**
- **Survivorship**
- **Interprofessional Education**

Cancer or some other serious illness is something that we will ALL face at some point in our lives. We will all want the very best care available by a team of professionals who communicate well to meet our needs.

Tara J. Schapmire

Highlighted Publications

“
While there exist many obstacles to interprofessional education and hands-on learning, the value of such experiences to the learners justifies efforts to initiate and continue these programs in the health sciences.
”

- Zebrack, B., **Schapmire, T.**, Otis-Green, S., Nelson, K., Miller, N., Donna, D., & Grignon, M. (2022). Establishing core competencies, opportunities, roles and expertise for oncology social work. *Journal of Social Work*, 0(0), 14680173211051983. <https://doi.org/10.1177/14680173211051983>
- Schapmire, T. J.**, Head, B. A., Furman, C. D., Jones, C., Peters, B., Shaw, M. A., Woggon, F., Ziegler, C., & Pfeifer, M. P. (2021). The Interprofessional Education Exchange: The Impact of a Faculty Development Program in Interprofessional Palliative Oncology Education on Trainee Competencies, Skills, and Satisfaction. *Palliative Medicine Reports*, 2(1), 296-304. <https://doi.org/10.1089/pmr.2021.0045>
- Head, B., **Schapmire, T.**, Jones, C., Peters, B., Furman, C. D., Shaw, M. A., Woggon, F., & Pfeifer, M. (2021). “Opening eyes to real interprofessional education”: results of a national faculty development initiative focused on interprofessional education in oncology palliative care. *Journal of Interprofessional Care*, 1-8. <https://doi.org/10.1080/13561820.2021.1965102>
- *Guan, T., Nelson, K., Otis-Green, S., Rayton, M., **Schapmire, T.**, Wiener, L., & Zebrack, B. (2021). Moral distress among oncology social workers. *JCO Oncology Practice*, 17(7), e947-e957. <https://doi.org/10.1200/op.21.00276> PMID: 34252313
- *Zebrack, B., Grignon, M., Guan, T., Long, D., Miller, N., Nelson, K., Otis-Green, S., Rayton, M., **Schapmire, T.**, & Wiener, L. (2021). Six months in: COVID-19 and its impact on oncology social work practice. *Journal of Psychosocial Oncology*, 1-6. doi:10.1080/07347332.2021.1893421
- Oktay, J. S., Rohan, E. A., Burruss, K., Callahan, C., **Schapmire, T. J.**, & Zebrack, B. (2020). Oncology social work intervention index (OSWii): An instrument to measure oncology social work interventions to advance research. *Journal of Psychosocial Oncology*, 1-12. doi:10.1080/07347332.2020.1857897 PMID: 33481691
- Schapmire T. J.**, Bell J., & Pfeifer M. P. (2020). The Improved Health Outcomes Program (iHOP): A unique model to promote provider-driven research in a Medicaid population. *Int J Environ Res Public Health*, 17(14):5079. doi: 10.3390/ijerph17145079. PMID: 32674444; PMCID: PMC7400159.
- Rowe, J., & **Schapmire, T.** (2020). The Shady Pink Elephant: End of life education for young women affected by breast cancer. *Journal of Cancer Education*. 2018/12/29. Retrieved from <https://link.springer.com/content/pdf/10.1007%2Fs13187-018-1446-1.pdf>



Read more about Dr. Schapmire's work here.



BETTY SHIELS

Principal Investigator
LCSW

PhD in Social Work
University of Louisville
University of Kentucky

We develop and manage programs that are national leaders in aging, nursing home preparedness, and long-term care quality of care/life in the Southeast and the Centers for Medicare and Medicaid Services.



? What motivates you to conduct research in this particular area?

Once you start working with aging and skilled nursing facilities (LTC), residents and staff, you appreciate their staff and administrations' dedication to their population, to those residents.

What motivates me is the commitment to their residents, the vulnerability of the residents, and the risks that providers of nursing facility services take every day opening the doors in terms of maintaining quality of care and quality of life for the residents.

? Why is this research important to our community members?

Everybody can relate to aging and the frailties that occur during the aging process. During an emergency the risk for somebody living in a nursing facility facing hazards beyond their control is significant and providers of LTC services have to be prepared on their behalf. Kentucky rates among the top states in the country for the most serious emergencies and that is over the past 15 years. There is no room for complacency. COVID-19 put the vulnerability of long term care residents in the center of our focus. This applied to staff and administration as well.

? How do you know that your research is making a difference in the lives of real people?

Our research results in innovative training and resources we develop for to prepare nursing facilities to manage effectively across any number of hazards whether it be tornados, floods, ice storms or even earthquakes. We know it makes a difference when there are no deaths and minimum injuries during or after an emergency. Take for example the tornado that hit Mayfield, Kentucky on December 10, 2021. The facility was destroyed. This facility had been involved in our emergency preparedness trainings and exercises and drills over the years. They were prepared for the worst. Staff were prepared for the worst and experienced it. The tornado hit and leveled the building. There were no casualties, no fatalities. There certainly could have been. The staff followed their emergency plans and even prepared for it earlier in the day to be ready. That is the ultimate example of the value of our work and the community of Kentucky nursing facilities with whom we have been so fortunate to work

? What are you most proud of in terms of the impact of your research?

The quality of the emergency plans LTC providers have developed over the years working with us in order to save lives. They exercise those plans to get them right and ready for the next disaster.

? What is the most important question we need to answer to move the field forward?

It is about finding the time and money for LTC preparedness over the long term. There will always be disasters, pandemics and new hazards not yet identified. Cybersecurity is the next area for preparedness for residents, staff, infrastructure and business protection. It will never stop.

RESEARCH INTERESTS



- Aging
- Long-Term Quality of Care and Quality of Life
- Emergency Preparedness for Long-term Care Facilities
- Alzheimer's Disease
- Innovation in the Delivery of Training Content to Long-term Care and their Stakeholders

The work that we do involves people's lives and protecting their lives—both residents and staff—so the impact that we make has significant short-term, intermediate-term, and long-term impacts.

Betty Shiels

Highlighted Publications

“
My work focuses on training providers in long-term care facilities in evidence-based practices and increasing the quality of care to residents and on emergency preparedness in long-term care facilities.
”

Shiels, E., Editor. (2017). Kentucky LTC Emergency Preparedness Manual. Contributors: Gillis, R., Jester, D., Forsting, A.S., Barber, R., Johnson, A., Lockridge, D., Justice., J., Veno, T., and Bartlett, R. College of Public Health, University of Kentucky and the University of Louisville, Kent School of Social Work. Kentucky Cabinet for Health & Family Services/Kentucky Department for Public Health, U of L Vulnerable Populations, FY 16-17, Grant PO2 728 160000 5053 1

Shiels, E., Editor. (2016). Kentucky Emergency Preparedness Manual for HUD-Funded Senior Housing. Contributors: HUD Louisville Field Office, LeadingAge KY, Christian Health Centers, the Kentucky Housing Corporation, and the KY Chapter of the American Red Cross. University of Louisville, Kent School of Social Work. Kentucky Cabinet for Health and Family Services/Kentucky Department for Public Health, U of L Vulnerable Populations, FY 16-17, Grant PO2 728 160000 5053 1

Shiels, E. & Johnson, A. (2014). Kentucky Long Term Care Evacuation Transportation Assessment Tool. College of Public Health, University of Kentucky and the University of Louisville, Kent School of Social Work. Kentucky Cabinet for Health and Family Services/Kentucky Department for Public Health, Emergency Preparedness for Aging Training Grant, 2014-2015, #PO2 728 1400005808 1.

Shiels, E. & Johnson, A. (2014). Kentucky Long Term Care Medical Surge Receiving Plan. College of Public Health, University of Kentucky and the University of Louisville, Kent School of Social Work. Kentucky Cabinet for Health and Family Services/Kentucky Department for Public Health, 2013-2014 Emergency Prep

ANKUR SRIVASTAVA

Assistant Professor

PhD in Social Work
University of California,
Los Angeles

Identifying stressors associated with intersecting identities and multiple minority processes that contribute to social and behavioral disparities among LGBTQ* persons.

? What motivates you to conduct research in this particular area?

A lot comes with the fact of growing up as a gay man in India. Over the course of these years, it just builds so much of internalization of homophobia, because that's all the messages we keep getting. So, the way I construct and think about the world outside started changing a lot. The way I chose to work on it was through research. Trying to figure out what it is. What do people talk about it? Working with organization and communities who work on this research, and somehow doing this work, working with people, listening to people's stories of struggles and other ways they have coped and the resilience. I think that really helped me accept myself, my own journey, get that sense of validation.

? Why is this research important to our community members?

There's a significant part of our community, our people, who are suffering because the way we think about identities, the way we think about sex behavior, attraction, all those things have really impacted this community. Kids get bullied all the time. And they work through it. But being bullied in general but also being bullied because of identity that you are anyway very shameful about. It's like trying to protect and hide it. It adds another layer of like mental health distress for them for the rest of their life.

? How do you know that your research is making a difference in the lives of real people?

The way I think about is what are the best ways we can ensure that services that are going out are more effective and are applicable to the diversity of the population? [For example, in my work with The Trevor Project,] we work with them in evaluating their services and trying to see how you can best provide services [that are] more effective and are applicable to the diversity of the population.

? What are you most proud of in terms of the impact of your research?

When I do research and when I hear these positive stories of resilience and bad circumstances and people work through those and came to this point in life and they're proud of their lives. That is what I get proud of. Probably a lot of energy and work that we are doing over the course of these decades has probably helped certain people. At least some people to be there and how we can help others to join the space.

? What is the most important question we need to answer to move the field forward?

How do we even measure and ask the right questions? A lot of my recent work is about asking good questions. All these coding schemes that we use like hey, how do you identify and those five categories and then other? It just really restricts people, especially because we are not updating these categories on a very regular basis. People say ok, so you do one of those five categories or you just say other; other usually gets lost in all analysis. Either I'm "missing" or "non-qualified" or something like that.



RESEARCH INTERESTS



- Gender and Sexual identity processes
- LGBTQ+ Mental Health
- Minority stress
- Gender and sexual stigma

What gets me very excited about my research is around identities. That particular work cuts across my work in India and United States: What are the different various identities that we all carry and how do those identities that shape our experiences?

Every gay man doesn't have the same experience. They're also going to differ by your race, by your social location, by which city you live in. Urban and rural, or the kind of money you have, the kind of education you have, the kind of support system you have. A lot of these things really shape your experiences.

Ankur Srivastava Highlighted Publications

“
My recent work has involved changes in identity over a period of time among young adolescent populations. I'm trying to figure out why people are changing identities, why they move from one group to another, why there's back and forth. There is an iterative process. We understand they keep changing. We know it's fluid. But i want to try to understand what direction people are thinking they are going and how is it that some people are having better outcomes because of that. And some people are having negative outcomes with that.
”

Srivastava, A., Davis, J.P., Patel, P., Daniel, E.E., Karkal, S., & Rice, E. (2022). Polyvictimization, sex work, and depressive symptoms among transgender women and men who have sex with men. *Journal of Interpersonal Violence*, 37(13-14), NP11089–NP11109. DOI: 10.1177/0886260521990840.

Srivastava, A., Davis, J.P., Patel, P., Daniel, E.E., Karkal, S. & Rice, E. (2021). Sex work, gender transition, family rejection and depressive symptoms among transgender women in India. *International Journal of Transgender Health*.doi: 10.1080/26895269.2021.1939220

DiGuseppi, G., Davis, J., Srivastava, A., Layland, E., Pham, D. Kipke, M. (2021). Multiple Minority Stress and Behavioral Health Among Young Black and Latino Sexual Minority Men. *LGBT Health*.

Ward, S., Dumas, T. M., Srivastava, A., Davis, J. P. & Ellis, W. E. (2021). Uploading Risk: Examining the Social Profile of Young Adults Most Susceptible to Engagement in Risky Social Media Challenges. *Cyberpsychology, Behavior and Social Networking*.

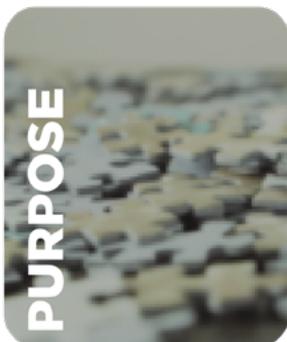
Fulginiti, A., Rhoades, H., Mamey, M.R., Klemmer, C., Srivastava, A., Weskamp, H., & Goldbach, J.T. (2021). Sexual Minority Stress, Mental Health Symptoms, and Suicidality among LGBTQ Youth Accessing Crisis Services. *Journal of Youth and Adolescence* 50, 893-905. <https://doi.org/10.1007/s10964-020-01354-3>

Semborski, S., Srivastava, A., Rhoades, H., Fulginiti, A., & Goldbach, J.T. (2021). Burden, Belonging, and Homelessness: Disclosure and Social Network Differences among LGBTQ Youth Recruited from a Suicide Crisis Service Provider. *Journal of Homosexuality* 69 (8), 1-18. DOI: 10.1080/00918369.2021.1898801.



Ready to learn more?

Hear about Dr. Srivastava's work directly by watching these videos.



Read more about Dr. Srivastava's work here.



EMMA STERRETT-HONG

Associate Professor
Associate Dean of Equity & Inclusion

PhD in Clinical Psychology
University of North Carolina,
Chapel Hill

Positive relationships with adults in various contexts, such as communities, schools, and workplaces, can have an impact on the health and development of at-risk adolescents and young adults.



? **What motivates you to conduct research in this particular area?**

I have always been really inspired and excited by naturally occurring mentoring relationships that occur outside of a traditional biological parent child relationships, and so I see these relationships being evident and helpful in lots of different situations. Can we support that naturally occurring resource more? Can we capitalize on it? Can we infuse more resources into those relationships? We just need to look for them or help support them. I hope at this point my work is kind of like self reinforcing because every time I do a study and I hear young people talking about informal mentors and what they've meant to them, I just want to do another one.

? **Why is this research important to our community members?**

It's important to be really responsive to the people that we're working with in terms of their cultural backgrounds and their individual situations. And not only is that going to be effective in helping to promote their well being and healthy development, but also in sustaining the positive influences of human connection.

? **How do you know that your research is making a difference in the lives of real people?**

This is partly why I try to do a lot of service related to my research. I've done some community based participatory research and I think I've been able to see some tangible results. One thing that comes to mind is a project where we did a community-based needs assessment with Gender and Sexual minority communities of color in Louisville. We did that needs assessment using Photovoice methods and identified a need for community togetherness, partly because of the detrimental effects of gentrification and tearing down some of the spaces that used to be gathering spots for LGBTQ people of color. We took what we learned from the needs assessment and co-hosted a Ball and Drag show to provide an opportunity for people to get together and [celebrate their culture].

? **What are you most proud of in terms of the impact of your research?**

I do think I'm one of the first people who's done a lot of research in terms of informal mentoring for young black sexual minority males and the roles that they can play in terms of voting, mental health and sexual health. More scholars at now, which is wonderful, but we were one of the first teams to do that sort of work.

I'm also proud of some of the partnerships I've made with community partners.

? **What is the most important question we need to answer to move the field forward?**

What can we do to meaningfully, impactfully, and sustainably eliminate racial disparities in HIV incidents and mortality? These gaps have persisted for 20-30 years now and there's no reason Black men and trans women should still be dying prematurely of AIDS.

RESEARCH INTERESTS



- **Social Networks**
- **Intergenerational Relationships**
- **Ethnic and Sexual Minority Youth and Young Adults**
- **Anti-Racism in Organizations**
- **Implementation Science**

Why are racial disparities persisting in terms of health, wealth, and other outcomes? Because these disparities have lasted for so long, it can feel hopeless, but it doesn't have to be like this.

We've made so many changes and innovations as a society, so there's no reason why we can't start to change some of these structural-level factors that are perpetuating these disparities.

Emma Sterrett-Hong Highlighted Publications

“
My research highlights the positive role non-parental adults can have among youth from single-mother families and sexual minority youth. It has contributed to our understanding of the process and results of infusing evidence-based treatments in behavioral health systems.
”

Nwachuku, B.J., Laing, B.Y., Sterrett-Hong, E., Perry-Burney, G., & Moore, S.E.(2021). Providing Kinship Care to Black youth: Implications for social work. *Journal of Foster Care*, 2 (1), 20-26.29.

Kerr, J., Combs, R., Ayangeakka, S., Harris, L., Bullock, N., Sterrett-Hong, E.& Parker, K. (2021). Examining factors that impact intentions to use Pre-exposure Prophylaxis among African American young adults. *Archives of Sexual Behavior*, 50, 2933-2941.28.

*Adams, M. & Sterrett-Hong, E.(2021). Creating true freedom in food choice in an obesogenic environment. *Journal of Social Work Values & Ethics*, 18 (2), 55-66. 27.

Sterrett-Hong, E., Saldana, L., Burek, J., Schaper, H., Karam, E., *Verbist, A.N., & *Cameron, K. (2021). An exploratory study of a training team-coordinated approach to implementation. *Global Implementation Research and Applications*. Online, 1, 17-29.26.

Kerr, J., Ayangeakaa, S., Combs, R., Harris,L.,Sears, J., Northington, T., Burton, K., Sterrett-Hong, E., Parker, K., & Krigger, K. (2021). Community-informed development of a campaign to increase HIV Pre-exposure prophylaxis (PrEP) awareness among African American young adults. *Journal of Racial and Ethnic Disparities*, 8, 901-911.25.

Sterrett-Hong, E., Birkett, M., Kuhns, L., *Zhang, D. & Mustanski, B. (2021). Closeness to non-parental adults in social networks is associated with reduced substance use among young men who have sex with men. *Journal of Homosexuality*, 68, (10), 1727-1744.



Ready to learn more?

Hear about Dr. Sterrett-Hong's work directly by watching these videos.



Read more about Dr. Sterrett-Hong's work here.



HEATHER STORER

Associate Professor

PhD in Social Work
University of Washington

Feminist-oriented hashtags such as #MeToo and #WhyIStayed have transformed the dialogue on gender-based violence and called attention to the myriad ways that social media can transform social norms and attitudes at the population level.

? What motivates you to conduct research in this particular area?

I spent six years working in the domestic violence youth engagement field. I worked with young people doing frontline work around preventing gender based violence and teen dating violence. I'm driven by stories that young people shared with me around both things that have made it really hard to have a full place at the table, but also kind of their stories of resiliency. I've always had a social justice orientation to me as a person, and that has really also driven my work as well.

Why did I get interested in technology? Because that's where the space is. I'm hanging out and orienting myself to be in a space that young people have found empowering. I am not a tech person, but I'm really interested in thinking about the spaces and structures that young people occupy.

? Why is this research important to our community members?

I'm not just interested in preventing violence. I am much more interested on promoting kind of more holistic well being and young people. How can we actually create equitable relationships? How can we create young people that are fully engaged and involved and care about their communities? How can we have Tech infrastructure that actually promotes good, that's a little more trauma informed?

? How do you know that your research is making a difference in the lives of real people?

Young people can see their words and experiences come to life in a lot of my qualitative work. The social media stuff and that hashtag work, that's the stuff that young people community members get most excited about. They can actually see it. They feel it, they know it. They can have this conversation about it.

? What are you most proud of in terms of the impact of your research?

I'm proud of the really rich collaborations I have with folks. That we're having kind of these hard conversations that we're continuing to show up to continue to this work in some way forward. I would say that's pushing social work to do better. I've been really involved in the grand challenges, so last year I got to write an editorial which will be in the second edition of the Grand Challenges book on this importance of centering gender. You know, like that we have kind of abandoned even discussing gender and its role in all of its various ways. And that we need to really bring gender back into our discussion.

? What is the most important question we need to answer to move the field forward?

How can we use technology as a tool for promoting good. How can we use it as a tool to promote well-being? Right now, technology is a tool that is driving inequality that is driving all of these negative outcomes. How can we co-opt technology to be a tool that promotes connection and social good?



RESEARCH INTERESTS



- **Primary Prevention of Adolescent Dating Abuse**
- **Digital Technologies & Social Media**
- **Social Determinants of Health Frameworks**
- **Low-opportunity and Vulnerable Youth**
- **Qualitative Analysis of "Big Data"**

People want to talk about issues around like digital justice. They want to talk about how they can use tech for social good. There is this need to flip the script on these well worn paths that we have used in social work for decades.

Heather Storer

Highlighted Publications

“*Preventing dating violence requires “flipping the script” regarding the antecedents of this issue. Rather than a predominant focus on individual-level determinants of violence, it is critical that attention is directed toward population-level factors that perpetuate inequities in health outcomes.*”

Storer, H.L., & Casey, E. (2021). The enactment of a “postfeminist sensibility” in adolescents’ meaning-making processes regarding dating violence: A critical discourse analysis. *Affilia*, 36(4), 494-510. DOI: 10.117/0886109920978558.

Storer, H.L., McCleary, J., & Hamby, S. (2021). When it’s safer to walk away: Urban, low opportunity emerging adults’ willingness to use bystander behaviors in response to community and dating violence. *Children and Youth Services Review*, Advance online publication. DOI: 10.117/0886109920978558.

Storer, H.L., Rodriguez, M., & Franklin*, R. (2021). “Leaving was a process, not an event”: The lived experience of intimate partner violence in 140 characters. *Journal of Interpersonal Violence*. Advance online publication. 36(11–12), NP6553–NP6580.

Storer, H.L., & Casey, E. (2020). The enactment of a “postfeminist sensibility” in adolescents’ meaning-making processes regarding dating violence: A critical discourse analysis. *Affilia*. Advance online publication. DOI: 10.117/0886109920978558.

Willey Sthapit, C., Jen, S., Storer, H.L., Gonzalez Benson, O. (2020). Discursive decisions: Signposts to guide the use of critical discourse analysis in social work. *Qualitative Social Work*. Advance online publication. DOI: 10.1177/1473325020979050.

Storer, H.L., Schultz, K.A., Hamby, S.L. (2020). The role of gender in adolescent dating abuse: An interpretive meta-synthesis of the qualitative literature. *Social Work*, 65(4), 335 – 348. doi.org/10.1093/sw/swaa032. (Special Issue, Mainstreaming gender: An intersectional feminist perspective on Social Work’s Grand Challenges).

Storer, H.L., & Rodriguez, M. (2020). #Mapping a Movement: Social media, feminist hashtags, and movement building in the digital age. *Journal of Community Practice*, 28(2), 160-176. doi.org/10.1080/10705422.2020.1757541.



Ready to learn more?

Hear about Dr. Storer’s work directly by watching these videos.



Read more about Dr. Storer’s work here.



ANDREW M. WINTERS

Assistant Professor

PhD in Social Work
University of Maryland, Baltimore

Service effectiveness for system involved youth, exploring what works under which circumstances

? What motivates you to conduct research in this particular area?

I was a practicing social worker for over 15 years and saw equity, access, and alignment gaps in services provided to youth served in child welfare, behavioral health, and juvenile justice, as well as the vast amount of turnover in staffing and this turnover in staffing had negative implications for the families served. This impacted me and I took a career turn and pursued a PhD to explore these ineffective system reactions on a larger scale.

? Why is this research important to our community members?

Unless we understand the relative effectiveness of different service configurations for youth and families as well as the organizational context for those delivering the services, ineffective system reactions continue to occur. The research that I do elevates the voice of the most vulnerable by drawing attention to these ineffective system reactions. By exploring service equity, access, or alignment for youth in child serving systems, and the exploration of capacity and readiness for the workforce delivering these services we can address these ineffective reactions.

? How do you know that your research is making a difference in the lives of real people?

A short term outcome that I see when conducting community based research is if equitable service access and alignment are occurring, distal outcomes would be changes in case outcomes for families. For the workforce, a short-term outcome would be job satisfaction, and distal outcomes would be a reduction in staff turnover.

? What are you most proud of in terms of the impact of your research?

There is individual level impact, organizational impact, and policy level implications. For me, I am most proud of being able to explore the individual impact on equitable service access and alignment for youth and families, and individual level impact from the workforce perspective, exploring secondary vicarious trauma for workers who are delivering these services. From my perspective, until we address secondary vicarious trauma in the workforce, we are going to continue to see ineffective system reactions.

? What is the most important question we need to answer to move the field forward?

Why do we continue to have the vast amount of turnover we do in public child serving systems?

Turnover creates problems for the individual receiving the service and the organization delivering the service. In all contexts, turnover creates a feeling of 'lack of value'.



RESEARCH INTERESTS



- **Service equity for youth and families**
- **Workforce retention within child serving systems**
- **Implementation science**

It's still the change on the individual level that I am most drawn to and excited about. When I see change from an intervention where a kid or family member actually gets the service that they want and need in a timely manner. That excites me. And the same with interventions for the workforce delivering these services that focus on a reduction in symptoms associated with secondary vicarious trauma. Seeing the workforce positively impacted by an intervention. That excites me.

Andrew M. Winters

Highlighted Publications

“
My research impacts practice through service access and policy by addressing which services are effective under which circumstances, promoting opportunities for prevention, and drawing attention to ineffective system reactions.
”

Winters, A.M., Hooley, C., & Gopalan, G. (2021). Absorptive capacity in child welfare: A qualitative study with child welfare staff eliciting key factors for evidence-based practice adoption. *Journal of Public Child Welfare*.<https://doi.org/10.1080/15548732.2021.19594893>.

Winters, A.M., Collins-Camargo, C., & Antle, B.F. (2021). Implementing Trauma-Responsive Screening and Assessment: Lessons Learned from a Statewide Demonstration Study in Child Welfare. *Professional Development: The International Journal of Continuing Social Work Education*. 24(1), 15-28.

Verbist, A.N., Winters, A.M., Collins-Camargo, C., & Antle, B.F. (2020). Standardized Assessment Domains as Predictors of Prescription of Trauma-focused Treatment for Youth in Out-Of-Home Care. *Children and Youth Services Review*, 118. <https://doi.org/10.1016/j.childyouth.2020.105401>

Verbist, A. N., Winters, A. M., Antle, B. F., & Collins-Camargo, C. (2020). A Review of Treatment Decision-Making Models and Factors in Mental Health Practice. *Families in Society: Journal of Contemporary Social Services*, 101(4). <https://doi.org/10.1177/1044389420921069>

Winters, A. (2020). Theoretical foundations: Delinquency risk factors and services aimed at reducing ongoing offending. *Child and Adolescent Social Work Journal*, 37(3), 263–269. <https://doi-org.echo.louisville.edu/10.1007/s10560-020-00655-7> . Also published in: *Gezinstherapie Wereldwijd*, 31(4), 372-385. doi: 10.1007/s12440-020-00136-4

Hooley, C., Winters, A. M., Pisciotta, C., & Gopalan, G. (2020). Care-giver-relevant perspectives from a multi-stakeholder collaborative advisory board on adapting a child mental health intervention to be delivered in child-welfare. *Journal of Public Child Welfare*. <https://doi-org.echo.louisville.edu/10.1080/15548732.2020.1724238>



Ready to learn more?

Hear about Dr. Winters's work directly by watching these videos.



Read more about Dr. Winters's work here.



PAMELA A. YANKEELOV

Professor

PhD in Experimental Psychology
University of Louisville

Rates of chronic disease are soaring and have the greatest impact on vulnerable populations such as older adults living in rural areas. Therefore, it is imperative to develop interventions for older adults and their communities.

? What motivates you to conduct research in this particular area?

Seeing how chronic disease, how much it you know can take up your quality of life and and and just stomp on it. The whole idea of optimal aging and getting the best you can out of your life and helping people that have chronic conditions and giving people hope that things can be different. If you have the support system of a family of the health care team and that through that you can make major changes in your life. My social psychology in me also believes in human interaction, and the power of being able to support each other influence each other, perceive things different about each other, and that's kind of what makes the world go around.

? Why is this research important to our community members?

Health is the core, I think to to everything in one's life. It's core to your connections, it's it's core to your career. It's core to your personal aspirations in life. Then there's a lot of things against your capacity to be able to be your best self so if I can help have an impact on the workforce development and the systems in which those individuals work to support individuals, and in the end, impact on the communities, then that's how I can do what I want to do in life.

? How do you know that your research is making a difference in the lives of real people?

Individuals that are going through our trainings have been able to find places where they've been able to integrate the information that they've learned. One piece of our mission is to redistribute the supply of individuals and bringing them to underserved individuals or underserved. They are delivering care from a standpoint of trying to move health systems along from not being age friendly in the way that they provide care to encompass a holistic approach to care and improving wellbeing.

? What are you most proud of in terms of the impact of your research?

Individuals come in at different places regarding their understanding of interdisciplinary care that focuses on the older adult and differences in the way that they see whole health and all the different determinants of health. We've added to their education given them the opportunity to work with all different disciplines and see the value of the way the different disciplines think about things. We've been able to increase their sense of mastery and self efficacy as it relates to becoming more transdisciplinary in nature. They're going out working in medically underserved rural areas and bringing that information to those teams and those systems.

? What is the most important question we need to answer to move the field forward?

How can we do whole health in a way that supports transdisciplinary work and infuse technology to help us be more productive in preventing illness and restoring health in individuals?



RESEARCH INTERESTS



- Older Adults
- Health Disparities
- Social Determinants of Health
- Chronic Disease Management
- Care Coordination

I really enjoy being part of this thinktank at Trager. It's a great space to be able to really bring minds together to solve problems in an area that should be of interest to all of us: optimal aging.

Pamela A. Yankeelov

Highlighted Publications



Interdisciplinary, coordinated care solutions can lead to better outcomes for vulnerable older adults.



Schapmire, T.J., Head, B.A., Nash, W.A., **Yankeelov, P.A.**, Furman, C.D., Wright, R.B., Gopalraj, R., Gordon, B., Black, K.P., Jones, C., Hall-Faul, M. & Faul, A.C. (2021). Overcoming Barriers to Interprofessional Education: The Interprofessional Curriculum for the Care of Older Adults (iCCOA). *Advances in Medical Education and Practice*.

Yankeelov, P. A., Faul, A. C., D'Ambrosio, J. G., Gordon, B. A., & McGeeney, T. (2018). Using world cafés to create healthier communities for older adults living with diabetes in rural areas. *Health Pro-motion Practice*, Vol: 20 (2), pp: 223-230; DOI: 10.1177/1524839918760558

Faul, A., **Yankeelov, P.A.** & D'Ambrosio, J. (2017). Chapter 10: Care Coordination to Improve Health Care Delivery to Older Adults and Vulnerable Populations. *Population Health. Management, Policy, Technology and Innovation 2nd Edition*.

Cotton, S., Faul, A. & **Yankeelov, P.A.** (Spring 2016). Comparison of student characteristics and outcomes between an online and on-campus MSSW program. *Advances in Social Work*, 7 (1).

Moore, S. E., Golder, S., Sterrett, E., Faul, A. C., **Yankeelov, P. A.**, Mathis, L., Barbee, A. P. (2015). Social work online education: A Model for getting started and staying connected. *Journal of Social Work Education*, 51 (3), 505-518.

Faul, A.C., **Yankeelov, P.A.**, McCord, L. A. (2015). Inequitable access to health services for older adults: Potential solutions on a state level. *Journal of Aging and Policy*, 27(1), 63-86.

Yankeelov, P.A., Faul, A. C., D'Ambrosio, J., Collins, W., & Gordon, B. (2013). "Another day in paradise": A photovoice journey of rural older adults living with diabetes. *Journal of Applied Gerontology*, 34 (2), 199-218.



Ready to learn more?

Hear about Dr. Yankeelov's work directly by watching these videos.



Read more about Dr. Yankeelov's work here.



MARISSA E. YINGLING

Associate Professor

PhD in Social Work
University of South Carolina

To achieve their greatest potential, children with developmental disorders and their families need equitable access to effective services.

? What motivates you to conduct research in this particular area?

Since witnessing the benefits of quality applied behavior analysis services for children with autism spectrum disorder nearly twenty years ago, I've been committed to doing my part to evaluate and enhance access to those services. I'm inspired by the practitioners who provide quality services to unique and resilient individuals supported by their loved ones.

? Why is this research important to our community members?

If we care about the well-being of a community, we must care about the well-being of each individual in that community. This entails being supportive of all people, including individuals with autism and their families. There are many ways we can be supportive. One of those ways is ensuring that they have access to the services they need, when they need them.

? How do you know that your research is making a difference in the lives of real people?

The journey to services that children and families must travel is long and complex. My work is providing practitioners and administrators with insight into points along that path where some children may be more or less likely to access and benefit from services.

? What are you most proud of in terms of the

I'm glad that I've been able to investigate and highlight specific opportunities to improve service accessibility within this population, especially in early intervention. Until recently, research predominantly included white, affluent families. If you really want to try to answer questions about equity, you need a more representative sample. I've been trying to do just that.

? What is the most important question we need to answer to move the field forward?

It's challenging for families to commit to comprehensive ABA services. We can work to make services more accessible, but that doesn't necessarily mean that families have the resources to adhere to treatment. So, for me, the big question moving forward is, how do we make services as effective as possible while reducing barriers to treatment adherence?



RESEARCH INTERESTS



- **Autism Spectrum Disorder**
- **Early Intervention**
- **Developmental Disorders**
- **Healthcare Inequities**
- **Health Services Research**

It's an exciting field. It is a meaningful field when you feel like you're actually able to make a difference.

Marissa E. Yingling Highlighted Publications

“

Promoting equitable access to effective services for children and their families.

”

- Yingling, M.E., Ruther, M.H., & Dubuque, E.M. (2022). Geographic access to Registered Behavior Technicians among children with autism spectrum disorder. *Behavior Analysis in Practice*. doi: 10.1007/s40617-022-00729-1
- Yingling, M.E., Ruther, M.H., & Dubuque, E.M. (2022). Trends in geographic access to Board Certified Behavior Analysts among children with autism spectrum disorder, 2018 – 2021. *Journal of Autism and Developmental Disorders*. doi.org/10.1007/s10803-021-05402-0
- Yingling, M.E., Ruther, M.H., Dubuque, E.M., & Mandell, D.S. (2021). County-level variation in geographic access to Board Certified Behavior Analysts among children with autism spectrum disorder in the United States. *Autism: International Journal of Research and Practice*, 25(6):1734-1745. Advance online publication. doi: 10.1177/13623613211002051
- Yingling, M.E., Ruther, M.H., Dubuque, E.M., & Bell, B.A. (2021). Impact of county sociodemographics and state policy on geographic access to behavior analysts among children with ASD. *Administration and Policy in Mental Health and Mental Health Services*. Advance online publication. doi: 10.1007/s10488-021-01120-y
- Yingling, M.E., Creel, L.M., & Bell, B. A. (2020). Assessing progress of the Healthy People 2020 objective to expand early treatment receipt among a national sample of children with autism spectrum disorder. *Journal of Developmental and Behavioral Pediatrics*, 41(5), 563-570. doi: 10.1097/DBP.0000000000000786
- Yingling, M.E. (2020). COVID-19: Social Work's opportunity to revitalize its advocacy for a universal, single-payer healthcare system. *Journal of Human Rights and Social Work*. doi.org/10.1007/s41134-020-00143-z
- Dubuque, E.M., Yingling, M.E., Dubuque, M., Ranade, E.S. (2020). Creating an Automated Health Attestation System during the COVID-19 Pandemic with Microsoft 365. *Behavior Analysis in Practice*, 13(4), 799-810. doi.org/10.1007/s40617-020-00495-y
- Dubuque, E.M., Yingling, M.E., & Allday, R.A. (2020). The misclassification of Behavior Analysts: How National Provider Identifiers fail to adequately capture the scope of a field. *Behavior Analysis in Practice*, 1-16. doi:10.1007/s40617-020-00451-w
- Yingling, M.E. & Bell, B.A. (2020). Utilization of speech-language, occupational, and physical therapy before diagnosis of autism spectrum disorder. *Child: Care, Health and Development*, 46 (5), 563-570. doi.org/10.1111/cch.12790
- Yingling, M.E., Hock, R.M., Feinberg, M., & Holbert, A.A. (2020). Community-engaged adaptation of a coparenting intervention for parents of children recently diagnosed with autism spectrum disorder. *Children and Youth Services Review*, 112, 104876.
- Yingling, M.E. (2019). Participation in Part C early intervention: One key to unlocking earlier diagnosis of autism spectrum disorder? *The Journal of Pediatrics*, 215, 238-243. doi.org/10.1016/j.jpeds.2019.06.034
- Yingling, M.E., Bell, B.A., & Hock, R.M. (2019). Comparing neighborhoods of children with autism spectrum disorder in a Medicaid waiver program and a state population, 2007-2015. *Psychiatric Services*, 70(11), 1034-1039. doi/10.1176/appi.ps.201800479
- Yingling, M.E. & Bell, B.A. (2019). Underutilization of early intensive behavioral intervention among 3-year-old children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 49(7), 2956-2964. doi: 10.1007/s10803-019-04005-0
- Yingling, M.E., Bell, B.A., & Hock, R.M. (2019). Treatment utilization trajectories among children with autism spectrum disorder: Differences by race-ethnicity and neighborhood. *Journal of Autism and Developmental Disorders*, 49(5), 2173-2183. doi: 10.1007/s10803-019-03896-3
- Yingling, M.E. & Bell, B.A. (2018). Racial-ethnic and neighborhood inequities in age of treatment receipt among a national sample of children with autism spectrum disorder. *Autism: International Journal of Research and Practice*, 23(4), 963-970. doi: 10.1177/13623613187918161



Read more about Dr. Yingling's work here.



CURRENT PROJECTS

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FACULTY PROFILES**



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Research Directory
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CENTER FOR FAMILY & COMMUNITY WELL-BEING

The Center for Family and Community Well-Being (CFCWB) advances the well-being of vulnerable populations through the development and dissemination of evidence based practices, technology driven innovations, and research to address complex social problems such as violence and trauma, poverty, injustice, and disparities in health and mental health. The Center offers a unique hub for the translation of research into practice and partnership into synergy.

The Center is quickly becoming a hub for community engaged research in collaboration with numerous social service agencies, as well as the development of high quality products and educational opportunities that extend the reach of the University. The Center has maximized these opportunities over the past year and plans to build on this past year's success by expanding our research, educational, and dissemination activities in these and new directions to promote community and family well-being.

The Center utilizes the expertise of faculty from the Kent School of Social Work and partners throughout the University and community to achieve this mission through the following core activities by:

- Sponsoring community symposiums and national conferences on key topics
- Providing professional development opportunities on evidence based practices and newly developed manualized treatment approaches
- Partnering with technology transfer to translate faculty research into technological tools for advancing the well-being of vulnerable populations.
- Conducting direct service delivery of manualized programs to vulnerable populations
- Offering program evaluation and grant development for community partners
- Engaging in rigorous research on the needs of and interventions for vulnerable populations by Center Faculty
- Disseminating practice, policy, and research briefs to inform and promote best practices for family and community well-being

The Center has three primary divisions: 1) research and program evaluation; 2) training and professional development; and 3) product development.



CENTER FOR FAMILY & COMMUNITY WELL-BEING

CENTER FOR FAMILY & COMMUNITY WELL-BEING

RESEARCH AND PROGRAM EVALUATION

One of the core activities of the Center is to conduct research and program evaluation in partnership with faculty collaborators and community partners. There were a number of engagement efforts to encourage collaboration and involvement of faculty in the Center's work, including establishment of levels of faculty affiliation with associated benefits for grant writing and project participation as well as clear processes for Center designation for grant submissions. In addition, marketing materials were developed and through community referrals and networking, a number of community agency program evaluation contracts were secured.

TRAINING AND EDUCATIONAL INITIATIVES

CFCWB has provided training to professional audiences (over 400 participants across trainings) in a wide variety of topics including the following:

- Trauma-informed Care Model for Organizations
- Motivational Interviewing
- Trauma-Focused Cognitive Behavioral Therapy
- Anti-Racism
- Disproportionality and Disparate Outcomes in Child Welfare
- Student Mental Health Issues
- Mind Matters Psychoeducational Program
- Best practices in telehealth
- Coping with COVID
- Transitioning back from COVID

PRODUCT DEVELOPMENT

CFCWB has developed many products in collaboration with leading experts:

- CFCWB has partnered with leading suicidologist and Kent faculty member Dr. Laura Frey to develop a new evidence-informed training curriculum on family navigation of suicide risk called **NAVIGATE**. This curriculum is the culmination of much of Dr. Frey's research, clinical expertise, and theoretical work in this important area and will be offered to professionals as a three day training with certification as a NAVIGATE provider.
- CFCWB has partnered with Dr. Maurice Gattis and the Louisville Metro Department of Public Health to develop a web-based resource directory for the **LGBTQ community** in Louisville. This multi-stage research driven resource development project has included a community needs assessment survey, focus groups with clients/parents/providers, and provider survey of LGBTQ supportive criteria.
- CFCWB has developed a series of program on **coping with COVID and transitioning back from COVID** to address the stress and mental health impacts of the pandemic for a variety of audiences, including faculty, staff, and students at the University level, teachers, families, and students in early education settings.
- CFCWB has developed an **anti-racism program** that includes macro and micro strategies for change, historical and cultural context of racism that can be delivered to a variety of professional audiences, as well as students.
- CFCWB has developed a **comprehensive trauma informed care training program for organizations** that includes organization-wide, leadership, supervisor, and staff training in trauma informed care principles.
- CFCWB has partnered with Moxie Girl to develop **web-based content on mental health for adolescents**.
- CFCWB has partnered with University of South Florida to develop **web-based content on mental health for students to manage stress and health issues such as anxiety and depression**.

Child Welfare Training Assessment (CWTA)

PI: Dr. Anita Barbee

Award Amount:

\$349,256

Funding Source: U.S. Department for Health Human Services, Administration on Children

Funding Period: 2020-2021, 2021-2022 (annually since 1992)

Team: Anita P. Barbee, MSSW, PhD; Joyce Borders, Katy Henry, Patricia Smith

Abstract: The project began in 1992 as collaboration between the Kentucky Cabinet for Health and Family Services and the Kent School 's Dr. Rod Barber. The purpose of the assessment is to see if new workers, veteran workers, and supervisors are learning knowledge and skills in training and are then able to apply this learning in the workplace. The Louisville Child Welfare Training Evaluation Model is used to examine the impact of worker, trainer, supervisor, co-worker and other workplace variables on workers' willingness and ability to enjoy training, learn during training, transfer that knowledge to the field, and positively affect outcomes for children in the areas of safety, permanency, and well-being. Tests were originally administered in the classroom and participants completed them during the training. Now pretests are on-line. Post-tests are moving on-line.

Main Findings: We have consistently found throughout the years that new workers come in with some level of knowledge (workers score an average of 71% on pre-tests) and leave training with a significant increase in knowledge (workers score an average of 83% on post-tests) and that learning is enhanced when classroom training is spread out with on-the-job components in interim weeks (Yankeelov, Barbee, Barber, & Fox, 2000). Our research has found that supervisory support predicts learning, training transfer, and worker retention (Antle, Barbee, & van Zyl, 2008, Antle, Barbee, & van Zyl, 2009, Barbee, et al., 2018, Barbee, 2012, Barbee & Martin, 2013, Yankeelov, Barbee, Sullivan & Antle, 2009).

Family Support Training Assessment (FSTA)

PI: Dr. Anita Barbee

Award Amount:

\$204,492

Funding Source: U.S. Department for Health Human Services, Administration on Children

Funding Period: 2020-2021, 2021-2022 (annually since 1999)

Team: Anita Barbee, MSSW, PhD; Joyce Borders; Jenny Taylor; Patricia Smith; Ben Miller

Abstract: The purpose of this project is to evaluate the training provided to family support workers within the Kentucky Cabinet for Health and Family Services. The scope-of-work on this project has been to assist with curriculum development, developing, executing, analyzing, and reporting pre- and post-tests of training content, and writing behavioral anchors that align with each curricula. Trainees in Medicaid, SNAP, Kentucky Works are measured on their knowledge of the training content before and after training. In addition, a pre-training questionnaire is completed that addresses several measures, including gender, race, education, length of employment, geographic location, rank/position, perceived job satisfaction, learning readiness, personality traits, and supervisor and co-worker support.

Main Findings: We have consistently found throughout the years that workers come in with very little knowledge of this specialized field (workers score an average of 50% on pre-tests) and leave training with a significant increase in knowledge (workers score an average of 90% on post-tests). We found that there are significant relationships between the education level, personality type, and job satisfaction of workers and learning (Sullivan, Antle, Barbee & Egbert, 2009).

Quality Improvement Center on Workforce Development (QIC-WD)

PI: Dr. Anita Barbee

Award Amount:
\$1,347,814

Funding Source: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

Funding Period: 2016-2021

Partners: Kent School, University of Nebraska-Lincoln Center for Children, Family and the Law, University of Colorado-Denver, Kempe Center, and the University of Tennessee, Center for Behavioral Health, the University of California Los Angeles, Luskin School of Public Administration

Kent School Team: Anita Barbee, MSSW, PhD; Becky Antle, MSSW, PhD; Martin T. Hall, MSSW, PhD; Lesley Harris, MSW, PhD; Andrew Winters, MSW, PhD; Jenny Taylor, Katy Henry, and Lisa Purdy, in collaboration with Michael Cunningham, PhD, Department of Communication

Abstract: The Children's Bureau awarded \$15 million to a consortium of five universities and three consulting firms for a Quality Improvement Center for Workforce Development (QIC-WD) in October 2016. The lead university with a focus on workforce interventions is the University of Nebraska-Lincoln, the lead on research and evaluation is the University of Louisville (for about \$2 million), the lead on implementation is the University of Colorado-Denver, the lead on organizational culture and climate is the University of Tennessee and the lead on data visualization and data management is UCLA. The QIC-WD is conducting efficacy trials in 8 jurisdictions across the US to evaluate which workforce interventions work in reducing staff turnover and enhancing child and family outcomes in various settings. In addition, the QIC-WD will develop a catalog of workforce research and interventions in child welfare settings, a workforce development framework and other tools to help child welfare agencies retain staff.

Currently the team is completing the implementation of the interventions, collecting final data, analyzing and disseminating results, for the 8 site studies and two cross-site studies. In addition, we examined the impact of COVID-19 on child welfare agency responses, workforce coping, supervision, changes in practice and impact on children and families.

DCBS Screening and Assessment Project

PI: Dr. Crystal Collins-Camargo

Award Amount:
\$1,013,338

Funding Source: Kentucky Department for Community Based Services

Funding Period: 2019-2022

Partners: Advanced Metrics Systems

Team: Crystal Collins-Camargo, MSW, PhD; Becky Antle, MSSW, MFT, PhD; and Lizzie Minton, LCSW

Abstract: The University of Louisville Kent School of Social Work maintains and manages a subcontract with Advanced Metrics System (AMS) to provide access to KIDnet for Kentucky Community Mental Health Centers (CMHCs), Private Child Caring, Private Child Placing Agencies (PCC/PCPs) and approved private providers to enter Child and Adolescent Needs and Strengths data and CANS Assessment Reports to be made available to DCBS workers in i-TWIST. The team works with DCBS officials as needed to assess and attempt to address the extent to which KIDnet is meeting their needs, and negotiate with Advanced Metrics Systems KIDnet enhancements and customizations at the request of DCBS to the extent that funds are available.

The team serves as the liaison between AMS and DCBS to assess the extent to which KIDnet and its interface with i-TWIST is meeting their needs, and works toward optimal functionality. The team conducts CANS training for clinicians as needed and provides technical assistance and consultation to behavioral health clinicians and DCBS staff associated with the functional assessment process, selection of evidence-based treatments and incorporation of CANS results in to case planning and decision-making. The team reviews DCBS and KIDnet data to track provider agency compliance with completion of the CANS, and work with DCBS staff and provider agencies to improve service delivery.

Geriatric Workforce Enhancement Program (GWEP)

PI: Dr. Anna C. Faul

Award Amount:
\$1,737,238

Funding Source: The Health Resources and Services Administration of the Department of Health and Human Services

Funding Period: July 2019—June 2024

Partners: the Trager Institute and the Schools of Medicine, Nursing, and Dentistry

Team: Anna Faul, MS, PhD; Pamela Yankeelov, PhD; & Tara Schapmire, MSSW, OSW-C,

Abstract: This project, FlourishCare, builds upon the Kentucky (KY) Rural & Underserved Geriatric Interprofessional Education Program (KRUGIEP) by expanding its purpose and reach to all 15 Area Development Districts, which covers all 120 counties of KY, of which 92 are rural or mostly rural. FlourishCare addresses the following needs of vulnerable older adults (VOAs) in KY: 1) The current health care system that is failing VOAs; 2) The lack of a robust rural PC system in KY; 3) The lack of quality nursing home care in KY; 4) The need to create age-friendly EDs in rural areas; 5) The need to coordinate coalitions and community stakeholders to maximize the potential of population health initiatives within deprived rural environments; 6) The need to train a health care workforce that can deliver culturally appropriate services to the growing Hispanic populations in KY; 7) The lack of knowledge of health professionals about the need for alternative pain management strategies to address the risk of opioid misuse; and 8) The need for dementia friendly communities and compassionate care for people with ADRD.

The goals and outcomes for the 1st year are as follows. Goal 1: During Yr 1, we enhanced or expanded partnerships with academic universities in KY to 7, primary care delivery sites across KY to 19, and community-based organizations to 22. Goal 2: During Yr 1, we trained 592 geriatrics specialists, PC providers, and health professions students, residents, fellows and faculty across KY to assess and address the PC needs of older adults emphasizing the 4Ms of age-friendly healthcare systems by a) enhancing the content & expanding the reach of our FlourishCare curriculum nationally using micro-credentialing methods with the potential of various certificates to be earned, b) enhancing & expanding our 3 Project ECHOs nationally and adding 1 additional Project ECHO and c) expanding our Annual Optimal Aging Conference and Clinical Retreat for Interprofessional Training (CRIT) offerings and reach. Goal 3: During Yr 1, we have had age-friendly health care system transformation discussions with 14 clinical training environments on methods to incorporate value-based care and alternative-payment models using the IHI's Age-Friendly Health Systems Change Package approach, the Flourish Index and MIPS documentation. Goal 4: During Yr 1, we delivered community-based programs that provided 364 patients, families, caregivers, and direct care workers with the knowledge and skills to improve health outcomes for older adults by a) offering monthly trainings during our monthly KY Coalition for Healthy Communities meetings, b) training AAA/IL direct workers on FlourishCare, c) training Microclinics International facilitators & offering Micro-clinics community trainings. Goal 5: During Yr 1, we have a) integrated the HRSA-developed ADRD training into our Compassionate Care (CC) Curriculum and trained over 150 caregivers and support staff, b) trained 55 KY CNAs in nursing facilities via a variety of methods including micro-credentialed short, online modules, a Project ECHO CC. We are also designing an app to support the compassionate care of patients with cognitive/behavioral challenges, and we are in the process of developing age-friendly/dementia-friendly communities.

For more information see www.tragerinstitute.org/flourishcare-curriculum

Behavioral Health Workforce and Training Program (BWHET)

PI: Dr. Anna C. Faul

Award Amount:
\$2,436,621

Funding Source: The Health Resources and Services Administration of the Department of Health and Human Services

Funding Period: September 2017— September 2021

Partners: the Trager Institute, the Department of Counseling and Human Development in the College of Education and Human Development and the School of Nursing

Team: Anna Faul, MS, PhD; Pamela Yankeelov, PhD; & Tara Schapmire, MSSW, OSW-C, FAOSW, PhD; & Emma Sterrett-Hong, PhD

Abstract: The goals and measurable objectives are: Goal 1) To expand BH student placements to provide integrated BH-PC services to VOAs as part of the Flourish Care Coordination Model; Goal 2) To enhance the training in BH prevention and clinical interventions; Goal 3) To enhance the service delivery of the Enhanced Flourish Model; and Goal 4: To develop qualified graduates of which a) 90% of the students successfully demonstrate competencies in delivering BH services as part of the Enhanced FM within the context of 12 transformed BH-PC service-oriented sites and b) 75% of students who earned the Professional Certificate becoming employed within one year in BH positions in vulnerable rural areas, with 30% providing integrated BH-PC services.

From July 2019 to June 2020, the project team expanded BH-PC services to 24 practicum sites. 93% of the second cohort (17 MSSW, 3 Master counseling psychology, 4 DMP-PMHNP students) graduated with the Certificate in Rural Geriatric Interdisciplinary Integrated BH-PC. All students participated in a rigorous BH curriculum including but not limited to, 5 online modules, 22 SAMSHA-HRSA BH workshops or Project ECHO sessions, 8 Spanish workshops, 19 case conceptualization sessions in which BH was addressed for 2-4 clients at each session, 2 Professional Development sessions and weekly interdisciplinary experiences and supervision. MSSW and counseling psych students provided BH services (e.g., assessments, treatment planning, interventions) to 179 older adults in PC, community-based, and home-based settings using both F2F and telehealth methods, while DNP students served 135 additional clients in long-term care facilities. Assessments addressed depression, alcohol & substance use, opioid risk, mania, anger, anxiety, stress, PTSD & self-harm and interventions included brief trauma-informed problem-oriented treatment and longer-term models of treatment (e.g., CBT, MBCT, MI, PST). Rapid follow-up assessments show patients are being supported on improving their behavioral health.

For more information, see www.tragerinstitute.org/flourish-internship

Project ECHO® Training Center for the ECHO National Nursing Home COVID-19 Action Network

PI: Dr. Anna C. Faul

Award Amount:
\$

Funding Source: Institute for Healthcare Improvement, Agency for Healthcare Research and Quality, and Project Echo New Mexico

Funding Period: October 2020—September 2021

Partners: Faculty at the School of Medicine as part of the Trager Institute

Team: Anna Faul, MS, PhD & Pamela Yankeelov, PhD

Abstract: The initiative is a collaboration between the federal Agency for Healthcare Research and Quality (AHRQ), Project ECHO and the Institute for Healthcare Improvement (IHI) to advance improvements in COVID-19 preparedness, safety and infection control in nursing homes. Our team at the University of Louisville Trager Institute is participating in the Network as an official training center for nursing homes. We serve as a virtual community of practice for nursing home staff to engage with experts and their peers and share cases for real-time discussion and advice to advance improvements in COVID-19 preparedness, safety and infection control. Nursing home staff and professionals are dedicated to providing high-quality, safe care for residents in their facilities. Nursing home staff members who care for our seniors are among the most needed and most at-risk essential workers. Participating in the network provides nursing homes with practical information, skills and resources needed to protect both residents and staff from the virus. We currently serve 6 cohorts of 38 nursing homes each and will expand to 2 more cohorts in 2021. Learners complete a weekly 30-minute pre-session self-paced, online module, and participate in one 60 minute Project ECHO session weekly.

Title III-E: National Family and Kentucky Caregiver Services

PI: Dr. Anna C. Faul

Award Amount:
\$ 84,786

Funding Source: Title III E money managed by the Kentuckiana Regional Planning Development Agency (KIPDA)

Funding Period: July 2019—June 2022

Team: Anna Faul, MS, PhD & Pamela Yankeelov, PhD, in partnership with Kent School graduate students and Kent School graduates

Abstract: The UofL Trager Institute delivers the Caregiver Support Program for individuals caring for loved ones living in the rural counties of Bullitt, Henry, Oldham, Shelby, Spencer, and Trimble.

FlourishCare, the name of our coordinated model of services, supports all types of caregivers and connects them to community-based programs where needed. Information about services will be given to caregivers using a variety of methods, eg. presentations, program flyers, radio shows, informational videos in clinic waiting rooms. After interested caregivers are screened for eligibility, they will be able to receive the following services: 1) Assistance (assessment and care plan): A comprehensive assessment is completed by a community health navigator (CHN) (assessment uses the FlourishCare Index that is aligned with the Medicare Annual Wellness Visit as well as the Family Caregiver Alliance's proposed caregiver assessment domains and constructs), the results of the assessment are presented to an interprofessional team who then supports the development of a comprehensive holistic care plan; 2) Assistance (case management services) to support caregivers reaching their care plan goals integrated with the goals of the care recipient and to assist in navigating the system of care for caregivers and their loved ones; 3) Support groups that are professionally facilitated, where the content is topic focused, rather than curriculum based, and where the groups are less structured than a psychoeducational training group with topics rotating based upon the interests of the group members; 4) FlourishCare care-giver trainings based on community trainings already available via our FlourishCare training menu, a new Care-giver Project ECHO and/or new trainings developed based on caregiver needs identified; 5) Counseling services for caregivers who need behavioral health counseling. All these services will be provided throughout the KIPDA region, either in person at the UofL Trager Institute's Republic Bank Foundation (RBF) Optimal Aging Clinic, or at the home of the caregiver, or in the community where the caregiver lives. The Caregiver Project Specialist, CHNs, Licensed Clinical Social Worker (LCSW) and admin staff (faculty) will manage and deliver all services. The modalities used to deliver these services will either be face-to-face, by telephone, by videoconferencing or by using Project ECHO - a case based tele-mentoring method using collaborative education methods to support and educate caregivers.

Title III-D: Disease Prevention and Health Promotion Services

PI: Dr. Anna C. Faul

Award Amount:
\$ 9,916

Funding Source: Title III D money managed by the Kentuckiana Regional Planning Development Agency (KIPDA)

Funding Period: July 2019—June 2022

Team: Anna Faul, MS, PhD & Pamela Yankeelov, PhD, with Kent School graduate students and Kent School graduates

Abstract: The UofL Trager Institute supports lonely adults struggling with late-life depression within the KIPDA region through the delivery of the PACE program - a Program to Encourage Active, Rewarding Lives for people age 60 and older.

Early Childhood Mental Health Consultation

PI: Dr. Andy Frey

Funding Source: Jefferson County Public Schools

Funding Period: 2020 -2021

Team: Andy Frey, Laura Johnson, Blake Skidmore, and part-time staff and students

Abstract: Dr. Frey contracts annually with Jefferson County Public School's early childhood program to provide mental health consultation services. The goals of these services are to: (1) enhance awareness and understanding of mental health and social and emotional development; (2) support positive social and emotional development of children through universal and targeted strategies; and (3) assist in securing appropriate mental health services for children and families according to need.

Award Amount:
\$ 118,640

Preschool *First Step Next*: An Efficacy Replication Study

PI: Dr. Andy Frey

Funding Source: US Department of Education, Institute for Education Sciences

Funding Period: 2015-2023

Team: Andy Frey, Shantel Crosby, Kiersten Bills, Laura Johnson, Tara Korfhage, Blake Skidmore, and part-time staff and students

Abstract: Disruptive behavior problems frequently emerge in the preschool years and are associated with numerous, long-term negative outcomes, including comorbid disorders. First Step is a psychosocial early intervention with substantial empirical evidence supporting its efficacy among young children. The present study reports on a validation study of the revised and updated First Step early intervention, called First Step Next, conducted within four preschool settings. One hundred sixty students at risk for school failure, and their teachers, were randomized to intervention and control conditions. Results indicated coach and teacher adherence to implementing the core components of the program was excellent. Teachers and parents had high satisfaction ratings. For the three First Step Next prosocial domains, Hedges' *g* effect sizes (ESs) ranged from 0.34 to 0.91. For the problem behavior domain, children who received the First Step Next intervention had significant reductions in teacher- and parent-reported problem behavior as compared to children randomized to the control condition. For the problem behavior domain, Hedges' *g* ESs ranged from 0.33 to 0.63, again favoring the intervention condition. All of the domains were statistically significant. This study builds on the evidence base supporting the First Step intervention in preschool settings. This study was extended via a supplement from 2010-2022 to evaluate the impact of the FS intervention on children's social skills, problem behavior, and academic performance through third grade. We are in the process of data collection currently.

Award Amount:
\$ 171,708

Motivational Interviewing Skills for Coaches

PI: Dr. Andy Frey

Award Amount:
\$ 39,302

Funding Source: Institute of Education Sciences, U.S. Dept. of Education

Funding Period: 2019-2023

Team: Andy Frey, Terry Scott, Blake Skidmore, Shu-Chen Tsai, and part-time staff and students

Abstract: The purpose of this project is to develop a training platform, called Motivational Interviewing Skills for Coaches (MISC), to equip instructional support coaches with skills necessary to more effectively engage teachers in the coaching process, improve teacher implementation of evidence-based instructional engagement practices (i.e., active teaching, opportunities to respond, positive and negative feedback, and influence student out-comes (academic engaged time and student disruptions). The project consists of three phases. During phase 1 (formative development- years 1 & 2) we will finalize the MISC prototype and engage in three iterative rounds of implementation, data collection, and intervention development with approximately 24 instructional coaches (and 2 teachers and children per coach). During phase 2 (pilot study), we will assess the feasibility and social validity of the MISC and formally assess the mechanisms of our logic model via an underpowered randomized controlled trial (N = 40) designed to isolate effects of the MISC beyond that of coaching best practice procedures alone. In phase 3 (dissemination; year 4 we will disseminate study findings to key stakeholders and offer the MISC to coaches who participated in the comparison group during the pilot study.

Kentucky Opioid Response Effort (KORE) START Expansion

PI: Dr. Martin T. Hall

Award Amount:
\$ 195,512

Funding Source: Kentucky Cabinet for Health and Family Services,
Kentucky Opioid Response Effort (KORE)

Funding Period: 2018-2021

Team: Martin T. Hall, MSSW, PhD; Matthew Walton, Amy Brooks, Aimee Kelmel

Abstract: This expansion of the Sobriety Treatment and Recovery Teams (START) is funded by the Kentucky Opioid Response Effort (KORE). START is a treatment model focused on families with co-occurring child maltreatment and substance use problems. START is an intensive intervention model that integrates substance use treatment services, family preservation, community partnerships, and best practice in child welfare. To increase capacity and better respond to Kentucky's opioid epidemic, new START teams in Boone and Campbell Counties will be established and evaluated.

Creating a Trauma Resilient Community in Louisville, KY

PI: Dr. Jennifer Middleton, Dr. Shantel Crosby

Funding Source: Substance Abuse and Mental Health Services Administration

Award Amount:
\$ 194,994

Funding Period: 2018-2023

Partners: Mayor's Office for Safe and Healthy Neighborhoods, Kent School of Social Work and Family Science, the National Center for Trauma Resilient Communities, Seven Counties of Kentucky, and the Collective Care Center at Spaulding University.

Team: Jennifer Middleton, MSW, PhD; Shantel Crosby, MSW, PhD; Robin Cook

Abstract: The Louisville Metro Trauma Resilient Community (TRC) Initiative is a city-wide program that seeks to promote resilience and equity for Louisville's youth and families disproportionately affected by trauma, systemic inequities, violence and civil unrest. The TRC Initiative will utilize a comprehensive, community-based approach consisting of 1) trauma-informed system of care capacity building, 2) trauma-responsive community, first re-sponder, and referral source education, 3) trauma-focused youth and family centered, evidence-based interventions, and 4) community-led project development to help youth and their families overcome the effects of trauma. Specifically, this project will 1) enhance leadership and systems capacity to create and sustain a trauma-informed system of care, 2) increase knowledge and skills of personnel who make referrals and provide services to children and families regarding trauma, racial inequity, community violence, and related services, 3) provide trauma-focused intervention services to children and their families exposed to community violence, and 4) evaluate the impact of the project on consumers of this proposed project.

The TRC Initiative will develop a community-engaged leadership advisory board to increase trauma awareness among community leaders, enhance outreach and training across multiple sectors, and identify the effects of adverse community experiences. Additionally, TRC will engage in trauma-informed community and referral source training (e.g., Youth Mental Health First Aid, Race-Based Trauma) in order to develop a common language, build engagement within the community, and establish a safe communication process for all collaborators to follow. Project-related activities, services, and outreach efforts will target West and South Louisville communities, where youth and families disproportionately affected by trauma, violence, systematic inequities and civil unrest reside. By the completion of the project, 200 clinicians will have been trained in evidence-based trauma interventions (e.g. AF-CBT and the Racial Trauma Treatment Model), 400 children and their families in West and South Louisville will have been provided trauma treatment, 200 first responders, volunteers, and community service providers will be trained in the Youth Mental Health First Aid model, 40 service providers, public school officials, and leaders will become local trainers in the Trauma Resilient Community® model, and 50 community agencies serving youth and families exposed to community violence and trauma will have become trauma-informed, including 12 "backbone" agencies that will become certified Trauma Resilient Community® organizations. Project evaluation findings will be disseminated through presentations and publications.



Native Alzheimer's Disease Resource Center for Minority Aging Research (NAD RCMAR)

PI: Dr. Heehyul Moon

Funding Source: National Institute on Aging

Funding Period: 2021-2022

Team: Dr. Heehyul Moon, Dr. Sunshine Rote

Award Amount:
\$ 6,858

Abstract: We proposed to conduct a study of disparities in cognitive impairment of American Indian (AI)/Alaska Native (AN) older adults compared to other racial/ethnic groups (Non-Hispanic White (NHW); Non-Hispanic Black (NHB); Hispanic) using a nationally representative study, the National Health and Aging Trend Study (NHATS). The goals of our project are (1) to estimate possible disparities in dementia prevalence and risk factors as well as their effects on trends in cognitive impairment among AI/AN older adults, and (2) to investigate trends in prevalence and their associations with changes in functional disabilities (activities of daily living (ADLs) and in-instrumental activities of daily living (IADLs)) compared to other racial/ethnic groups. Our proposed project is the first step in a longer-range research agenda intended to increase our understanding of the prevalence of, risk factors for, and trajectories of dementia among AI/AN groups compared to other racial/ethnic groups. Our findings will enable us to provide critical insights into culturally appropriate approaches to and strategies for dementia care of this often invisible target population.

Empower You

PI: Dr. Armon Perry

Funding Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement through a contract with the Kentucky Cabinet for Health and Family Services, Department for Income Support

Funding Period: 2020-2023

Team: Armon Perry, MSW, PhD; Cheri Langley, Danielle Whiteside and William Mack

Award Amount:
\$ 198,784

Abstract: Children represented in Title IV-D caseloads are disproportionately born to unmarried parents. Many of these parents face significant challenges with regard to paternity establishment, child support compliance, and securing visitation. In response, several state child support agencies have developed educational interventions aimed at assisting youth in following the "success sequence" in which they achieve their educational goals, get married, and have children in chronological order. However, not all youth have access to the relevant educational, social and vocational resources to reach their goals. Therefore, the proposed project, Empower You, provides adolescents and young adults residing in Louisville, Kentucky with a comprehensive intervention featuring group-based workshops, individualized case management, and peer mentoring services. These services will be provided to increase participants' knowledge regarding the social, legal and economic implications of parenting; connect them to supportive resources in pursuit of their post high school or career goals; and to equip them with the skills needed to make positive decisions regarding their romantic relationships. To test the effectiveness of these services, Empower You will also include an evaluation that will produce results to inform the field and advance the state of knowledge in the area of youth development.

Correctional Health Services for Older Adults

PI: Dr. Stephanie Grace Prost

Funding Source: National Institute of Health

Funding Period: 2020-2022

Team: Stephanie Grace Prost, MSW, PhD, Meghan A. Novisky, PhD (Cleveland State University)

Abstract: The proportion of older adults incarcerated in U.S. prisons grew over 280% between 1999 and 2016 (McKillop & Boucher, 2018), compared to a 3% increase observed for younger adults during the same period. While research regarding older adults incarcerated prisons has also expanded, our understanding of correctional programming and services for these individuals remains limited. A deeper awareness of the programs and services for older adults incarcerated prisons is critical as older adults report disproportionate care needs compared to their community-dwelling peers and existing evidence indicates few interventions are aimed at improving the health of older adults, specifically, in these spaces. Insights from older adults themselves and other incarcerated persons charged with their care—peer caregivers—are thus needed to address such disparities and to improve the health and social outcomes of this vulnerable group. Thus, the specific aims of the proposed study include describing older adults' perspectives on receiving correctional health services in prison, and peer caregivers' perspectives on implementing correctional health services for older adults incarcerated in prison. To meet these aims, a primary data collection effort was proposed using focus groups. However, challenges created by the COVID-19 pandemic led to the re-envisioning of the proposed methodology and the embrace of a self-guided survey approach. To date, 50 surveys have been mailed into the first of two prisons, a large, medium-security institution that houses men. Of the 35 older adults and 15 caregivers provided surveys, thirteen men participated (response rate 26%), 11 older adults and 2 caregivers. Surveys will be mailed into the second prison, a large, cross-classified institution that houses women the last week of September. Analyses are planned for December 2022 and January 2023 and initial findings are to be presented in the spring of 2023.

Award Amount:
\$ 47,987

Youth Mental Health First Aid Training for Allied Professionals

PI: Dr. Bibhuti K. Sar

Funding Source: Substance Abuse and Mental Health Administration (SAMHSA)

Funding Period: 2018-2021

Team: Bibhuti K. Sar, MSW, PhD; Emily Kennel, MSSW; Carol Frame, MSSW, CSW; Melissa King, MEd

Abstract: Children and adolescents at risk for or experiencing mental health problems are served by allied professionals (i.e. before and after school counselors, activity planners, recreation counselors, and the like) in agencies such as after school programs, neighborhood/community centers, but studies show that these professionals do not always receive training on screening and assessment of mental health problem or make referrals for services based upon evidence-based practices (NCTSN, 2005). Therefore, the Kent School of Social Work at the University of Louisville will utilize a comprehensive, community engagement strategy consisting of 1) assembling a community invested mental health awareness advisory board, 2) capacity building focused on increasing the number of Youth Mental Health First Aid certified instructors in the community, 3) engaging the community through education and recruitment, 4) training of Youth Mental Health First Aid (YMHFA) to allied professionals/frontline staff, and 5) feedback and evaluation over the next three years. The following outcomes will have been achieved: 400 allied professionals will have been taught to implement YMHFA, 30 allied professionals will have been certified to teach YMHFA, and 30 community agencies serving children and youth will have become knowledgeable about mental health awareness and the need for YMHFA trainings. A final report will be disseminated on the project's impact and lessons learned on how to best respond to the needs of children and youth at risk for or experiencing mental health problems.

Award Amount:
\$ 147,655

Survivors of Torture Recovery Center (STRC)

PI: Dr. Bibhuti K. Sar

Funding Source: Office of Refugee Resettlement (ORR),
U.S. Department of Health and Human Services (DHHS)

Award Amount:
\$ 698,645

Funding Period: 2019-2022

Team: Bibhuti K. Sar, MSW, PhD; Adrian Archuleta, MSSW, PhD; Jim Guinn, MA

Abstract: Trauma informed services for survivors of torture will be implemented in Metro Louisville in partnership with Family Health Centers (FHC) and in Lexington, Kentucky in partnership with Kentucky Refugee Ministries (KRM). In addition to direct services, emphasis will be on education, training, and evaluation, as well collaboration among systems of care for torture survivors. By the completion of the project, torture survivors will have been screened and provided one or more core services (medical, mental health, social, legal), professionals (i.e. medical services providers, social workers, social service caseworkers) will have received training on the unique aspects of service delivery to torture survivors and persons from within the refugee communities and persons outside of the refugee communities will have received educational program/informational materials on survivors of torture and the program of recovery. A final report on the project's impact and lessons learned from the establishment and delivery of services to the survivors of torture will be disseminated through presentations and publications.

The Center for Promoting Recovery and Resilience (CPRR)

PI: Dr. Bibhuti K. Sar

Funding Source: Substance Abuse and Mental Health Administration (SAMHSA)

Award Amount:
\$ 543,826

Funding Period: 2016-2021

Team: Bibhuti K. Sar, MSW, PhD; Melissa King, MEd; Emma Sterrett-Hong, PhD; Anita Barbee, MSSW, PhD; Becky Antle, MSSW, PhD; Gwen Hutchinson; Youth Mental Health First Aid

Abstract: Metro Louisville's Center for Promotion of Recovery and Resilience (CPRR) will utilize a comprehensive, community based approach consisting of) capacity building, 2) community and referral source education, 3) child/youth centered evidence based trauma focused interventions, and 4) consumer feedback and evaluation to help children and youth (military, refugee, or maltreated and sexually exploited and trafficked) overcome effects of trauma. Specifically, this project will 1) increase knowledge and skills of personnel who make referrals and provide services to children regarding trauma and related services, 2) provide trauma focused intervention services to military children, refugee children, and children victimized by abuse, neglect and exposed to family violence, and 3) evaluate the impact of the project on consumers of this proposed project. By the completion of the project, 100 providers will have been trained in evidence based trauma interventions (e.g. TF-CBT, CBITS, FOCUS), 575 children and their families will have been provided trauma treatment and education, and 50 community agencies serving children and youth will have become trauma informed. A final report will be disseminated through presentations and publication on the project's impact and lessons learned on how to best respond to the needs of traumatized children and youth.

Integrated Care for Persons with Co-Occurring Disorders

PI: Dr. Bibhuti K. Sar

Funding Source: Substance Abuse and Mental Health Administration (SAMHSA)

Funding Period: 2020-2025

Team: Bibhuti K. Sar, PhD; Martin T. Hall, MSSW, PhD; Jim Guinn, MA, Amanda Streinhauer, BA

Abstract: The Kent School of Social Work and Wellspring will utilize a comprehensive, community-centered approach to help individuals become free of homelessness, engage in recovery, and improve their wellbeing and quality of life. By the completion of the project, 180 persons will have been provided outreach and other engagement strategies to increase participation in screenings and offered direct treatment for co-occurring mental and substance abuse disorders (COD), provided case management or other strategies to link with and retained in permanent housing and other necessary services, been enrolled in Medicaid and/or other benefits programs, will have received “wrap-around” recovery support services designed to improve access and retention in services. The community based approach undertaken will be evaluated and a final report will be disseminated through presentations and publication on the project’s impact and lessons learned on how to best respond to the needs of persons experiencing homelessness and co-occurring disorders.

Award Amount:
\$ 893,732

Informal Mentors and HIV Care Engagement among Young Minority Men in the Southern U.S.

PI: Dr. Emma Sterrett-Hong

Funding Source: National Institute of Mental Health

Funding Period: 2019-2022

Team: Emma Sterrett-Hong, PhD, LMFT

Abstract: The goal of this exploratory study, funded by the National Institute of Mental Health, is to examine, from the perspectives of both HIV+ young black men who have sex with men (YBMSM) and informal mentors living in the Southern U.S., the extent to which it is feasible and acceptable for mentors to impact contextual (e.g., employment) and individual (e.g., motivation) factors associated with engagement in HIV care, as well as engagement behaviors along the HIV Treatment Cascade among HIV+ YBMSM. YBMSM demonstrate the highest rates of new HIV infections of any group in the U.S., and once infected, have lower rates of linkage to care, retention in care, and viral suppression compared to their Caucasian counterparts. Informal mentors, or adults who act as role models and provide social support, are present in the lives of many YBMSM, and are naturally occurring interpersonal resources that have been under-examined as potential supports for engagement in HIV care among HIV+ YBMSM.

Award Amount:
\$ 458,204

AICH Peer Health & Wellness Storefront

PI: Dr. Emma Sterrett-Hong

Funding Source: Humana Foundation

Funding Period: 2021-2022

Partners: Crane House, The Asia Institute

Team: Emma Sterrett-Hong, PhD, LMFT

Abstract:

Award Amount:
\$ 16,924

VOA and DCBS Family Connections Program

PI: Dr. Andrew M. Winters

Award Amount:
\$ 52,421

Funding Source: Volunteers of America

Funding Period: 2021-2023

Partners: Kentucky Cabinet for Health & Family Services, Volunteers of America

Team: Andrew M. Winters, PhD, LCSW; Crystal Collins-Camargo, MSW, PhD; and Martin T. Hall, MSSW, PhD

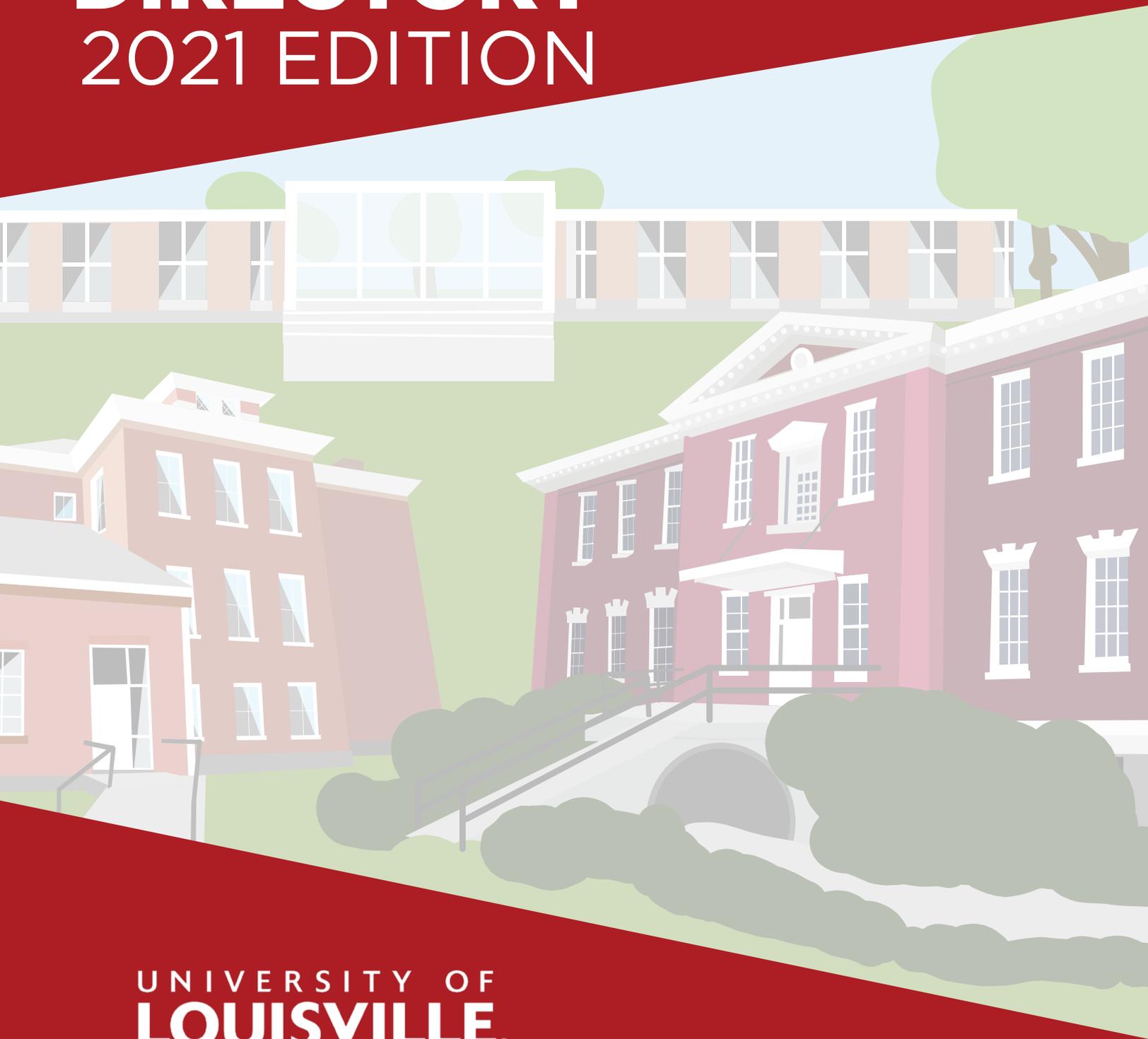
Abstract: Many families served by the public child welfare (CW) system have experienced substance use (SU) concerns. Facilitating collaboration between CW and substance use (SU) treatment agencies may promote provision of services to support the family. The University of Louisville, Kent School of Social Work and Family Science is evaluating one such interorganizational collaborative in three rural and matched comparison counties funded through a partnership between Volunteers of America and The Commonwealth of Kentucky, Cabinet for Health and Family Services Department for Community Based Services. Baseline data were collected to inform intervention components and the implementation process with partner agencies.

Baseline findings: CW workers and supervisors in six mostly rural counties in a midwestern state completed the Collaborative Values Inventory (CVI; Children and Family Futures, 2017). This version of the instrument demonstrated good reliability ($\alpha=.79$). The CVI is composed of 24 value and belief statements (Huebner et al., 2021) about SU and SU treatment, and is measured on a 5-point Likert scale assessing relative agreement. Participants also provided information on the extent to which they collaborated with treatment providers when serving families experiencing SU issues. Univariate frequencies and bivariate t-tests were employed to explore differences in responses between intervention and comparison counties.

The sample consisted of 46 mostly white and female participants. Over 60% worked for CW for > 3 years. Preliminary results point to several areas which may influence intervention implementation. Univariate frequencies suggest over 57% agreed funding restrictions prohibit collaborative service delivery between CW and SU providers; 55% agreed protection of confidentiality will be a barrier to case planning. Over 36% disagreed that SU clinicians serving families should have a voice in child safety and placement decisions and well over 50% had never/infrequently had a SU clinician participate in a court appearance or treatment planning conference. Bivariate analysis found statistically significant differences between the intervention ($M=32.17$, $SD=5.63$) and comparison sites ($M=34.82$, $SD=4.06$) on subscales of beliefs about CW families in which SU is a concern ($t=1.82$, $df=44$, $p<.05$) and values/beliefs about SU treatment (intervention $M=21.79$, $SD=3.91$, comparison $M=22.77$, $SD=2.33$ sites) ($t=1.02$, $df=44$, $p<.03$).

Results illuminate CW worker beliefs which may influence implementation of treatment collaboratives and, ultimately, child/family wellbeing. From an implementation science perspective, baseline measurement of CW Worker attitudes and beliefs related to families experiencing SU and treatment provides valuable information on what programs need to address when implementing interorganizational and intraorganizational treatment initiatives

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