Evidence-based Practice & Cultural Sensitivity

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Objectives

- Participants will become familiar with the American Psychiatric Association’s Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health.
- Participants will understand the concept of ethnocentric monoculturalism.
- Participants will understand the difference between cultural competence and cultural sensitivity.
- Participants will understand the importance of the difference between universal principles of healing verses cultural specific principles of healing.
- Participants will understand the importance of evidence-based practices in healing.
- Participants will be presented with an ecological evidence-based model of health behavior change.
- Participants will be become familiar with the results of the Adverse Childhood Experiences Study.
Objectives

- Participants will fully understand that “Risk Factors Are Not Predictive Factors Due To Protective Factors.”
- Participants will be able to list four of the seven field principles for health behavior change or the cultivation of resiliency.
- Participants will be presented with one strategy and one example of how to move science to service in less that 22 years.

American Psychiatric Association’s Resolution Against Racism

- While the American Psychiatric Association acknowledges progress towards the ideal America as "one Nation under God, with Justice and Liberty for all", the reality is that racism continues to exist.

Barriers to Cultural Dialogue

- Most American’s acknowledge progress towards the ideal America as "one Nation under God, with Justice and Liberty for all."
- Further, for years the US has tried to be a "color blind," "melting pot," and consideration of the dynamics of culture, race and ethnicity have been selectively ignored by science.
- Accordingly, when the topic of cultural sensitivity or competence surfaces, individuals become anxious, defensive, and very rigid in their perspectives.
“Race constitutes a stubbornly resistant malady in the United States because of “the color line” - a visible (and invisible) barrier that separates whites from nonwhites” (Palera (2002)

Racist policies occur at an organizational or group level and these policies are embedded in the operating contexts of particular organizations or institutions in such a way that racist assumptions may be difficult to recognize (referred to as institutional racism) - American Psychiatric Association, 2006.

Barriers to Cultural Dialogue

- From the turn of the century we had the progressive era until WWI but did not respond to Jim Crow or discrimination against Asians in the West and Latinos in the Southwest.
- The charity organizations and settlement houses were not designed for people of color.

Historical Context Of Racism

- There is tacit denial of the Native American holocaust
- Asian Americans were incarcerated during WWII while German-Americans were not imprisoned.
- Latinos were shot and killed in the West.
- African-Americans were lynched.
Ethnocentric Monoculturalism

- This aspect of Euro-American culture makes it difficult to appreciate cultural differences between different ethnic groups.
- This aspect of Euro-American culture makes it difficult to appreciate diversity within racial groups.

Ethnocentric Monoculturalism

- We know why African-Americans have lower levels of Vitamin D than European-Americans.
- African-American skin filters out UV light.
- UV light is necessary for the production of Vitamin D in humans.
- A Vitamin D by product is lethal to TB.
- Thus, the reason African-Americans have higher TB rates and TB death rates is due to low Vitamin D levels.
- Thus, one solution would be to suggest African-Americans drink more milk.

Ethnocentric Monoculturalism

- An example is the food pyramid graphic recommended by the U.S. Department of Agriculture which has milk and dairy products as a consumer’s only source of calcium.
- Lactose intolerance occurs in:
  - 70% of African Americans
  - 90% of Asian Americans
  - 74% of Native Americans
  - 53% of Mexican Americans
  - Only 15% of Whites are lactose intolerant
An example is the finding that Asian and African-Americans have different levels of tolerance for psychiatric medications.

www.surgeongeneral.gov

Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Mental Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2001

There is very little published mental health research on cultural, racial and ethnic issues in general

- U.S. Department of Health and Human Services, 2001
- Bell & Williamson, 2002
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SG’s Recommendations
- Expand science base
- Improve access to treatment
- Integrate mental health and primary care
- Reduce barriers to treatment
- Improve quality of care
- Support capacity development
- Promote mental health

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Defining Cultural Sensitivity & Competence
- Cultural sensitivity is “The ability to adjust one’s perceptions, behaviors, and practice styles to effectively meet the needs of different ethnic or racial groups.”
- Cultural competence is “The level of knowledge based skills required to provide effective clinical care to patients from a particular ethnic or racial group.”

(US DHHS, Health Resources and Services Administration, 2007)

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Cultural Competence
- It is not possible for someone outside of the culture to be culturally competent in that culture.
- It is possible to learn how to be culturally sensitive, in varying degrees, to different cultures.
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Developing Cultural Sensitivity

COMMUNITY/GOVERNMENT/PRIVATE SECTOR/SPIRITUAL INSTITUTIONS

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Why do we need science to save diverse populations?

- Operation Dare
- Scared Straight
- Multisystemic Therapy (MST)
- Nurse Home Visitation
- Universals
- Culturally specific

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Defining Cultural Specific Verses Universal Interventions

- While cultural sensitivity is important in the treatment of blacks with mental illness, it is equally important to recognize that there are universal principles of treatment that should apply to all patients (Bell et al, 2006).
- Clinicians must become astute in their ability to draw from both culturally specific and universal principles in their work with people of color patients (Bell, Dove, Williamson, 2006).
### Slide 22

<table>
<thead>
<tr>
<th>Adverse Experiences Childhood Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Psychological abuse</td>
</tr>
<tr>
<td>➢ Physical abuse</td>
</tr>
<tr>
<td>➢ Sexual abuse</td>
</tr>
<tr>
<td>➢ Violence against mother</td>
</tr>
<tr>
<td>➢ Living with household members who were substance abusers</td>
</tr>
<tr>
<td>➢ Living with household members who were mentally ill or suicidal</td>
</tr>
<tr>
<td>➢ Living with ex-offender household members.</td>
</tr>
</tbody>
</table>

### Slide 23

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ More than half of respondents (52%) experienced ≥ 1 category of adverse childhood exposure</td>
</tr>
<tr>
<td>➢ 6.2% reported ≥ 4 exposures.</td>
</tr>
<tr>
<td>➢ Persons who experienced 4 or more categories of childhood exposure, compared to those who had experienced none had:</td>
</tr>
<tr>
<td>➢ a 7.4 fold increase for alcoholism</td>
</tr>
<tr>
<td>➢ a 10.3 fold increase for drug abuse</td>
</tr>
<tr>
<td>➢ a 4.6 fold increase for depression</td>
</tr>
<tr>
<td>➢ and a 12. Increase in suicide attempts.</td>
</tr>
</tbody>
</table>

### Slide 24

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Persons who experienced 4 or more categories of childhood exposure, compared to those who had experienced none had:</td>
</tr>
<tr>
<td>➢ a 2.2 fold increase in smoking (2.2)</td>
</tr>
<tr>
<td>➢ a 2.2 fold increase in poor self-rated health</td>
</tr>
<tr>
<td>➢ a 3.2 fold increase in ≥ 50 sexual intercourse partners</td>
</tr>
<tr>
<td>➢ and a 2.5 fold increase in sexually transmitted disease.</td>
</tr>
</tbody>
</table>
Results

- Persons who experienced 4 or more categories of childhood exposure, compared to those who had experienced none had
  - A 2.2 fold increase in ischemic heart disease
  - A 1.9 fold increase in cancer,
  - A 3.9 fold increase in chronic lung disease (bronchitis and emphysema)
  - A 1.6 fold increase in skeletal fractures,
  - and a 2.4 fold increase in liver disease.

Oppressed/Oppressor Relationships

- In any effective and efficient submission-dominance system, it is critical for the oppressor to monopolize the perception of the victim.
- One is victimized in proportion to the quality of space, time, energy, and mobility that one must yield or has yielded to the oppressor.
- Conversely, the more one regains or commands control of these elements the less one is victimized.

Microinsults And Microaggressions

- People of color are subjected to daily minute insults and aggressions.
- Known as microinsults and microaggressions these offensive mechanisms are designed to operationally keep people of color in the inferior, dependent, helpless role.
Microinsults And Microaggressions

- These mechanisms are nonverbal and kinetic, and they are well suited to control space, time, energy, and mobility of a person of color while at the same time producing feelings of degradation.

Characteristics That Welcome People Of Color

- ACCESSIBLE
- INTEGRATED
- CONTINUOUS
- COMPREHENSIVE

People Of Color’s Confusion About Racism

- People of color are confused about whether they are being tolerated or accepted by whites.
- There is confusion about the supportive efforts of individual whites versus the destructive action by whites as a collective.
The third confusion is when, where, and how to resist oppression versus when, where, and how to accommodate it.

The final confusion is whether a person of color’s locus of control is internal or external.

The first 3 of these areas of confusion can seriously disrupt the establishment of rapport between the patient and the treatment provider.

The confusion about locus of control has a tremendous impact on feelings of self-efficacy, making it critically important to discuss these issues with people of color patients early in treatment.
People of color may harbor fear, distrust, lack of confidence, and anxiety over the prospects of stigmatization—all born of a historical recognition of failures of the health care system to adequately address disparities and exploitation (e.g., Tuskegee syphilis experiments).

In addition, because exposure to trauma is another common issue for people of color, they should be asked about their experiences with racism and trauma. When treating people of color, it is critical to understand that risk factors are not necessarily predictive factors, since protective factors may intervene. Thus, psychiatrists must actively explore the protective factors surrounding people of color in risky contexts.

In general, protective factors are the strength of social fabric surrounding the patient, the patient's access to state-of-the-art medical technology, the opportunities the patient has had for developing social skills (e.g., the capacity for affect regulation), the patient's sense of self-efficacy and self-esteem, the protective shields in the patient's life (e.g., family involvement, church), and the opportunity for the patient to develop a sense of self-efficacy by turning traumatic helplessness into learned helpfulness.
It is imperative that objective, empiric, evidence-based research guides how best to adapt current practices to mental health issues relevant to the diverse black community.

Humanistic interventions geared toward using existing community resources and strengths (including family support, ethnic and spiritual values, education, and belief systems born of tradition) and an understanding of the black experience can be used to construct culturally sensitive and effective mental health services and interventions.

Triadic Theory of Influence

- Sociological theories of social control and social bonding (Akers et al., 1979; Elliott et al., 1985)
- Peer clustering (Oetting & Beauvais, 1986)
- Cultural identity (Oetting & Beauvais, 1990-91)
- Psychological theories of attitude change & behavioral prediction (Fishbein & Ajzen, 1975; Ajzen, 1985)
- Personality development (Digman, 1990)
- Social learning (Akers et al., 1979; Bandura, 1977, 1986)
- Integrative theories
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Community Psychiatry
Health Behavior Change
- Rebuilding the Village
- Access to Health
- Connectedness
- Social Skills
- Self Esteem
  - Activities that create a sense of power
  - Activities that create a sense of connectedness
  - Activities that create a sense of models
  - Activities that create a sense of uniqueness
- Reestablish the Adult Protective Shield
- Minimize the Effects of Trauma

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How are we functioning?

- Different language
- Different goals
- Resource silos
- Activity-driven

We need Synergy and an Integrated System

- Common language
- Evidence based
- Outcome driven
- Maximize resources

CHAMPSA Family Program
Multiple Family Groups for 4th/5th graders
- Meeting 1: Parents' & Children's Rights & Responsibilities
- Meeting 2: Parenting Styles
- Meeting 3: Talking and Listening
- Meeting 4: Puberty
- Meeting 5: Hard to Tell Stuff
- Meeting 6: Identifying Risk
- Meeting 7: What is HIV/AIDS?
- Meeting 8: Dealing with Stigma
- Meeting 9: Surviving Loss and Bereavement
- Meeting 10: Support Networks
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Number of Child Experimental & Control & Adult Experimental & Control Subjects by Community

<table>
<thead>
<tr>
<th>Area</th>
<th>Child Exp</th>
<th>Child Con</th>
<th>Totals</th>
<th>Adult Exp</th>
<th>Adult Con</th>
<th>Totals</th>
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<tbody>
<tr>
<td>Molwee</td>
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<td>78</td>
<td>171</td>
<td>74</td>
<td>69</td>
<td>143</td>
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<tr>
<td>KwaNyaswa</td>
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<td>146</td>
<td>245</td>
<td>94</td>
<td>95</td>
<td>189</td>
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<tr>
<td>KwaNgelele</td>
<td>54</td>
<td>40</td>
<td>94</td>
<td>36</td>
<td>36</td>
<td>72</td>
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<tr>
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<td>34</td>
<td>69</td>
<td>31</td>
<td>33</td>
<td>64</td>
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<tr>
<td>Totals</td>
<td>281</td>
<td>298</td>
<td>579</td>
<td>245</td>
<td>233</td>
<td>478</td>
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Slide 47

<table>
<thead>
<tr>
<th>Adult Characteristics</th>
<th>N</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Gender Male</td>
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<td>52</td>
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<tr>
<td>Gender Female</td>
<td>227</td>
<td>68</td>
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<tr>
<td>Never Attended School</td>
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<td>19</td>
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<tr>
<td>Grade 1 – 5</td>
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<td>47</td>
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<tr>
<td>Grade 6 – 12</td>
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<td>44</td>
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<tr>
<td>Post School</td>
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<td>2</td>
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<tr>
<td>Employed</td>
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<tr>
<td>Unemployed</td>
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<td>39</td>
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<td>Child Support Grant</td>
<td>131</td>
<td>27</td>
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<tr>
<td>No Child Support Grant</td>
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<td>33</td>
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<tr>
<td>Less than 5 years in area</td>
<td>123</td>
<td>26</td>
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<tr>
<td>Between 5-10 years in area</td>
<td>120</td>
<td>27</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>125</td>
<td>27</td>
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<tr>
<td>Male</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Never Attended School</td>
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<td>2</td>
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<tr>
<td>Grade 1 – 5</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>Grade 6 – 12</td>
<td>36</td>
<td>8</td>
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<tr>
<td>Post School</td>
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<td>2</td>
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<tr>
<td>Child Support Grant</td>
<td>36</td>
<td>8</td>
</tr>
<tr>
<td>No Child Support Grant</td>
<td>54</td>
<td>12</td>
</tr>
<tr>
<td>Less than 5 years in area</td>
<td>52</td>
<td>11</td>
</tr>
<tr>
<td>Between 5-10 years in area</td>
<td>48</td>
<td>11</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>52</td>
<td>11</td>
</tr>
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Slide 48

<table>
<thead>
<tr>
<th>Child Characteristics</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>237</td>
<td>64</td>
</tr>
<tr>
<td>Female</td>
<td>308</td>
<td>36</td>
</tr>
<tr>
<td>5 years</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>10 years</td>
<td>207</td>
<td>26</td>
</tr>
<tr>
<td>15 years</td>
<td>202</td>
<td>26</td>
</tr>
<tr>
<td>20 years</td>
<td>185</td>
<td>23</td>
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<td>25 years</td>
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<td>1</td>
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<tr>
<td>Grade 1</td>
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<td>3</td>
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<td>Grade 2</td>
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<td>Grade 3</td>
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<td>36</td>
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<td>Grade 5</td>
<td>37</td>
<td>7</td>
</tr>
<tr>
<td>Grade 6</td>
<td>45</td>
<td>8</td>
</tr>
<tr>
<td>Living with Mother</td>
<td>508</td>
<td>42</td>
</tr>
<tr>
<td>Living with Father</td>
<td>125</td>
<td>14</td>
</tr>
<tr>
<td>Living with Stepparent</td>
<td>32</td>
<td>4</td>
</tr>
<tr>
<td>Living with Aunt or Uncle</td>
<td>98</td>
<td>11</td>
</tr>
<tr>
<td>Living with Grand Parent</td>
<td>152</td>
<td>21</td>
</tr>
<tr>
<td>Living with Older brother/cousin</td>
<td>99</td>
<td>11</td>
</tr>
</tbody>
</table>
Rebuilding The Village/
Constructing Social Fabric
CHAMP - AmaQhawe

- A basic principle of the CHAMP intervention was to help families collaborate to form mutual support groups.
- The idea was that by families pooling resources to monitor children, the children would be safer from engaging in high risk behaviors associated with contracting the HIV virus.


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ADULT
Neighborhood disorganization

- Pretest Means: 14.2, 14.4, 14.6, 14.8, 15.0, 15.2, 15.4, 15.6, 15.8
- Posttest Means: 15.6, 16.0, 16.4, 16.8, 17.2, 17.6, 18.0, 18.4, 18.8
- Intervention: p < .0026, Effect size = -0.3134
- Comparison: p < .05, Effect size = -0.2349

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ADULT
Social Networks – Primary

- Pretest Means: 40.0, 40.5, 41.0, 41.5, 42.0, 42.5, 43.0
- Posttest Means: 43.5, 44.0, 44.5, 45.0, 45.5, 46.0, 46.5
- Intervention: p < .01, Effect size = 0.2653
- Comparison: p < .05, Effect size = 0.2353
Slide 52

ADULT Social Networks - Secondary

Pretest Means Posttest Means

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effect size = 0.4531

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Rebuilding The Village

➢ INTERFAITH COMMUNITY PARTNERSHIP
   ➢ Partners with the religious community to increase attendance, improve school environments, provide positive role models, and create activities for youth
   ➢ Provides support to 12 religious-school-community partnership networks in each of the CPS regions

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Rebuilding The Village

➢ YOUTH OUTREACH WORKERS
   ➢ Started during the Safe Schools, Safe Neighborhoods Summer '98 initiative, trained 100 Violence Intervention Program Specialists (VIPS) comprised of off-duty police, community members, parents, teachers, and social workers to provide positive alternative activities for youth in high crime areas
   ➢ Parents in community schools serve as parent attendance officers to promote safety around school communities and to encourage attendance
Access to Modern Medical Technology

- At least 1/3 of male juvenile delinquents have an impairing mental disorder that has usually not been adequately treated (not counting conduct disorder).
- Two of the more common mental disorders among this group (ADHD & depression) are treatable.
- Many of these children also have a substance abuse diagnosis.


Access to Modern Medical Technology

- Juvenile offenders may constitute a high risk group for exposure to multiple types of trauma and the development of PTSD as one study found the prevalence rate of such disorders at 24%.
- Multisystemic Therapy has been shown to reduce delinquency recidivism down from 70% to 4 - 20%.

Bonding And Attachment Dynamics

- Family relationship processes - attributes of the family
  - Beliefs and values held by the family
  - Emotional warmth between family members
  - Support provided by family members
  - Organization and communication among family members
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Bonding And Attachment Dynamics

- CPS CRADLE TO CLASSROOM
  - Collaborative initiative with Chicago Department of Public Health, six hospitals, and other agencies for pregnant and parenting teens
  - Trains teens in the development of parenting skills and accessing community resources
  - Provides counseling to new mothers around issues of domestic violence

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Bonding And Attachment Dynamics

- CPS CRADLE TO CLASSROOM
  - Provides teens access to prenatal, nutritional, medical, social, and child care services
  - Has significantly reduced drop-out rate of teens in the program

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Bonding And Attachment Dynamics

- Some 2000 teenagers in 54 Chicago schools that offer this program had babies in 2002. All 495 seniors graduated, and 78% of them enrolled in 2- or 4-year college programs.
- Only 5 of the women had a repeat pregnancy while still in school; 4 were graduating seniors, and the other, a junior, stayed in school. Eighty-five teen fathers also participated in the program, learning parenting skills under the supervision of a male mentor at each school.
- The program’s annual budget was $3.7 million.
Bonding And Attachment Dynamics

- Provide opportunities for youth to become attached to their schools.
- Expand the school day and school year to provide structured academic activities and recreational activities for children after the regular school day, including a nutritional dinner meal, and during the summer.
- Promote the use of school uniforms.


Bonding And Attachment Dynamics

- Low levels of parental warmth, acceptance, and affection and low levels of cohesion and high levels of conflict and hostility have been associated with delinquent and violent behavior.

CHILD Caregiver involvement

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>23.5</td>
</tr>
<tr>
<td>Comparison</td>
<td>23.0</td>
</tr>
<tr>
<td>p = .03</td>
<td></td>
</tr>
<tr>
<td>Effect size</td>
<td>0.2</td>
</tr>
</tbody>
</table>

The graph shows the comparison between pretest and posttest means for intervention and comparison groups, with a significant difference indicated by p = .03 and an effect size of 0.2.
All of the successful family interventions have combined behavioral parent training techniques with other intervention components based in family systems theory that are designed to improve family relations.

Social Skills

- Discipline
- Use of positive parenting
- Effectiveness of discipline
- Avoidance of discipline
- Supervision and monitoring of the child
- Extent of involvement
- Knowledge of child’s activities and whereabouts

Aban-Aya's Afro-centric risk behavior prevention curriculum teaches skills to refuse offers and resist social pressures, assertiveness, negotiation, and conflict resolution, and gives youth the opportunity to practice these skills to aid in their ability to avoid high risk health behaviors.

Social Skills
Aban Aya

- These social skills are taught in the context of also learning decision making ("Stop, Think and Act") and problem solving skills.
- Understanding the feelings of self and others (empathy), goal setting, and other self-management skills are also taught.


Social Skills
CHAMP - AmaQhawe

- CHAMP works to help youth develop good communication skills by helping youth and parents learn about and practice their communication skills in multiple family groups.
- We also give parents social skills that help them in supervision and monitoring of the child that increase involvement with the child, and knowledge of children's activities and whereabouts.


Facilitating discussion of sensitive topics
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ADULT

Hard to Talk - Frequency

Pretest Means Posttest Means

Intervention Comparison

p < .05

Effect size = 0.1969

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CHILD

Hard to Talk About Frequency

Pretest Means Posttest Means

Intervention Comparison

p < .066

Effect size = 0.24

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Self Esteem

➢ Sense of power.
➢ A feeling competent to do what they must.
➢ Sense of uniqueness.
➢ Acknowledging and respecting the qualities and characteristics about themselves that are special and different.

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Self Esteem

- Sense of models.
  - Models that they can use make sense of the world.
- Sense of being connected.
  - Feeling satisfaction from being connected to people, places or things.


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ADULT

General health

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Comparison</td>
</tr>
<tr>
<td>p &lt; .002</td>
<td>Effect size = 0.3031</td>
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</table>

Slide 78

ADULT

Global indicator of well-being

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Comparison</td>
</tr>
<tr>
<td>p = .0027</td>
<td>Effect size = 0.2934</td>
</tr>
</tbody>
</table>
Slide 79

Sense of Models

- Provide people with models and practice, practice, practice on how to:
  - Communicate
  - Solve problems
  - Provide leadership
  - Manage resources
  - Remove barriers to success
  - Plan

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CHILD AIDS Transmission Knowledge

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Comparison</th>
<th>p</th>
<th>Effect Size</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>5</td>
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Slide 81

ADULT AIDS Transmission Knowledge

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Comparison</th>
<th>p</th>
<th>Effect Size</th>
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<tbody>
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<td>1</td>
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<td>5</td>
<td></td>
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</tr>
</tbody>
</table>
ADULT - Stigma

Higher scores indicate a more positive attitudes toward those with HIV/AIDS

Pretest Means  | Posttest Means
--- | ---
19.5 | 20
20 | 20.5
20.5 | 21
21 | 21.5
21.5 | 22
22 | 22.5
22.5 | 23
23 | 23.5
23.5

Intervention  | Comparison  | p < .0001  | Effect size = 0.403
--- | --- | --- | ---
| | | | |

Higher scores indicate a more positive attitudes toward those with HIV/AIDS

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CHILD - Stigma

Higher scores indicate a more positive attitudes toward those with HIV/AIDS

Pretest Means  | Posttest Means
--- | ---
14.5 | 15.5
15.5 | 16.5
16.5 | 17.5
17.5 | 18.5
18.5 | 19.5
19.5 | 20.5
20.5

Intervention  | Comparison  | p < .0001  | Effect size = 0.698
--- | --- | --- | ---
| | | | |

Higher scores indicate a more positive attitudes toward those with HIV/AIDS

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Re-establishing The Adult Protective Shield

- Family-oriented intervention to change parenting style and practices can reduce risk for serious antisocial behavior and violence
- Increase predictability
- Parental monitoring of children
- Decrease negative parenting methods
Lack of parental monitoring, represented at its extreme by neglect and poor discipline methods and conflict about discipline, has been related to participation in delinquent and violent behavior for a range of populations.

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**ADULT**

Caregiver monitoring – Family Rules

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Comparison</td>
</tr>
<tr>
<td>p &lt; .001</td>
<td>Effect size = 0.3074</td>
</tr>
</tbody>
</table>

**Slide 87**

**ADULT**

Punitive parenting

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Comparison</td>
</tr>
<tr>
<td>p &lt; .01</td>
<td>Effect size = 0.1838</td>
</tr>
</tbody>
</table>
Slide 88

ADULT Neighborhood Social Control

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>21.5</td>
</tr>
<tr>
<td>Comparison</td>
<td>20.5</td>
</tr>
<tr>
<td>Effect size</td>
<td>0.226</td>
</tr>
</tbody>
</table>

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Minimizing Effects Of Trauma

- Behind all anger is hurt and attached to the hurt is fear of being hurt again.
- Become sensitive and identify trauma in children.
- Provide crisis intervention teams to address traumatic stress.
- Address the effects of subtle long term trauma with therapy.

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Minimizing Effects Of Trauma

- Cognitive style predicts PTSD up to three years after trauma exposure.
- Specifically, 24% of posttraumatic stress at follow-up is predicted by pre-trauma catastrophic appraisals about the future and one’s symptoms.
- Maladaptive appraisals about themselves, rather than maladaptive appraisals about the world or self-blame, contributes PTSD.
- Thus, self-oriented appraisals, e.g. having a lack of self-efficacy, contribute to the risk of getting PTSD after a traumatic exposure.

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**Outcomes in McLean County**
**FY00 through FY02**
**Reported Abuse and Neglect by Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>FY00</th>
<th>FY02</th>
</tr>
</thead>
<tbody>
<tr>
<td>European-American</td>
<td>31.1</td>
<td>25.1</td>
</tr>
<tr>
<td>African-American</td>
<td>-19.3%</td>
<td>-1.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-13.6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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**Outcomes in McLean County**
**FY00 through FY02**
**Children Removed by Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>FY00</th>
<th>FY02</th>
</tr>
</thead>
<tbody>
<tr>
<td>European-American</td>
<td>1.58</td>
<td>1.16</td>
</tr>
<tr>
<td>African-American</td>
<td>-57.2%</td>
<td>-61.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0%</td>
<td>0%</td>
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</tbody>
</table>

---

Slide 93

**Change in African-American children removed from their homes FY00 to FY02 in Illinois counties with 1,500 + African-Americans**

<table>
<thead>
<tr>
<th>County</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>Peoria</td>
<td>-4.0</td>
</tr>
<tr>
<td>McLean</td>
<td>-2.0</td>
</tr>
<tr>
<td>Illinois</td>
<td>0%</td>
</tr>
<tr>
<td>Peoria</td>
<td>2.0</td>
</tr>
<tr>
<td>McLean</td>
<td>4.0</td>
</tr>
<tr>
<td>Illinois</td>
<td>6.0</td>
</tr>
</tbody>
</table>
One review suggests that it takes an average of 17 years for 14% of original (i.e., discovery) research to be integrated into physician practice.


In general, dissemination of clinical guidelines using passive methods (e.g., publication of consensus statements in professional journals, mass mailings) has been ineffective, resulting in only small changes in the uptake of a new practice, and single-source prevention messages are generally ineffective.


It ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. Because the innovator has for enemies all those who have done well under the old condition, and lukewarm defenders in those who may do well under the new. This coolness arises partly from fear of the opponents, who have the laws on their side, and partly from the incredulity of men, who do not readily believe in new things until they have had a long experience with them. Thus it happens that whenever those who are hostile have the opportunity to attack they do it like partisans, whilst the others defend lukewarmly, in such ways that the prince is endangered along with them.

-The Prince by Niccolo Machiavelli - 1505.
Institutionalization and Sustainability

Risk Factors Are Not Predictive Factors Due To Protective Factors