DISCOVER
A Model with National & Global Impact

Faculty at the University of Louisville Kent School of Social Work are engaged in a wide variety of scholarships targeting improving the lives of a wide range of individuals, families, groups and communities. Our faculty and staff are working collaboratively with community-based agencies and groups to discover solutions to the challenges we all face. In fiscal year 2021, Kent School had 61 external funding awards with a portfolio of over $20.4 Million in support of our research and service efforts. Like everyone world-wide, during 2020 we were challenged to continue our research amidst the COVID-19 pandemic, shifting approaches to allow work to continue remotely in many cases. Despite those challenges we pressed on.

During the COVID-19 pandemic, we faced many challenges; however, we were able to continue our research remotely in many cases.
Our **Center for Family and Community Wellbeing** expanded significantly in the past year, providing professional development to community-based service providers and psychoeducational programs to vulnerable populations. The Center also works with a wide range of Louisville and Kentucky-based human service organizations on program evaluation and research projects. The **Center for Promoting Recovery and Resilience** trains clinicians to provide child/youth-centered, evidence-based, trauma-focused interventions for military, refugee and child welfare-engaged families. The **Trager Institute** provides innovative interventions and inter-professional education to optimize the aging experience by pulling together faculty and staff from across campus to work on individual projects. The **Survivors of Torture Recovery Center** partners with Family Health Centers and Kentucky Refugee Ministries to provide core services to torture survivors and trains professionals to work with this unique population.
This document provides a profile on each of our faculty members, their areas of research, and recent publications. Summaries of projects in which Kent School faculty are engaged are provided in the second half of this report. Below we provide highlights of a variety of research, professional development and service projects in which we are engaged. Readers will see that much of our work focuses on understanding and addressing the needs of vulnerable and marginalized populations and promoting social justice.

<table>
<thead>
<tr>
<th>Our faculty work with community partners to identify the challenges faced by children and families and their service providers and to implement and evaluate solutions to those challenges. Their work promotes healthy, supportive relationships in families and beyond.</th>
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<td>Our faculty employ a variety of innovative research methods.</td>
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<td>Our faculty include vulnerable, marginalized, and historically excluded persons in their work.</td>
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Understanding the Experiences of and the Challenges Faced by Individuals and Groups

- Exploring adolescent disclosure of suicidal ideation and expressed emotion in families, and associated relationships with treatment engagement
- Photovoice documentation of the lived experiences of Black caregivers raising children amidst the challenges of racism
- Exploring the experiences of African American caregivers of older adults with dementia to inform culturally-sensitive support interventions
- Examining disparities in American Indian/Alaskan Native older adult cognitive impairment

- Documenting adverse childhood experiences in law enforcement officers and associated stress and quality of life
- Understanding disparities in dementia and physical disablement in aging Latinos
- Exploring informal mentorship of young men who have sex with men and HIV care engagement
- Documenting the effects of stigma and stress in older adults living with HIV on engagement in care
- Examining the use of social media and technological approaches in domestic violence prevention agencies with adolescents
- Describing the health, quality of life and justice-related experiences of incarcerated older adults, and exploring the relationship between health and visitation in this population in collaboration with the Department of Corrections
- Assessment of school mobility of homeless students to inform strategies to promote academic achievement
- Understanding the experiences, coping and relationships of women with head and neck cancer
- Establishing culturally-relevant definitions of wellbeing among Black adults
- Interprofessional education and research on psychosocial oncology and palliative care in collaboration with the University of Louisville Medical School
- Providing support and professional development to teachers regarding trauma-informed practices for classroom management with adolescents
- Articulating the role of pediatric oncology social workers in meeting the needs of children and families
- Preparing future, interdisciplinary professionals to work with the rural geriatric population to meet their health and behavioral health needs.
- Training community-based agencies in a variety of topics including COVID-19 responsiveness, trauma-informed care, and anti-racist practice.
- Evaluating an array of interventions focused on workforce development and retention in child welfare agencies
- Training for COVID-19 and emergency preparedness in nursing homes
- Providing training for allied professionals in Youth Mental Health First Aid
- Enabling web-based clinical curriculum and practice guidelines for nursing home staff
- Documenting the challenges and needs of youth development workers
- Delivering trauma resilience training for multidisciplinary teams responding to child sexual abuse
- Working with a collaboration of organizations to build trauma-informed approaches and support trauma-resilient communities
- Assisting a variety of community-based agencies to evaluate service effectiveness
- Building capacity among behavioral health providers to provide evidence-based approaches and treatment modalities
- Evaluating outcomes associated with training in child welfare and family support programs
- Developing a training platform for instructional support coaches in motivational interviewing in influence student outcomes
- Facilitation of an interorganizational consortium to improve identification of child welfare-involved sex trafficking and promote the safety and wellbeing of victims
Implementing and Testing Interventions to Promote the Wellbeing of Individuals and Groups

- Trauma-focused and evidence-based services for children and youth in vulnerable groups
- Standardized screening and assessment of children in out-of-home care for trauma and behavioral health needs to inform treatment decisions
- Home- and school-based psychosocial interventions for children with behavioral challenges in preschool and elementary school classrooms
- Intensive peer support and treatment for families with co-occurring substance use and child welfare system involvement

- Parenting education and case management for noncustodial fathers
- Promoting adolescent and young adult relationship decision-making in collaboration with the Office of Child Support Enforcement
- Community health navigation for the aging population
- Collaborating with Family Health Centers and Kentucky Refugee Ministries to provide trauma-informed services to torture victims
- Providing integrated screening, case management and treatment for those with co-occurring mental health and substance use needs in partnership with Wellspring
- Implementing psychoeducational programs for students to address depression, anxiety, trauma and relationship issues
- Evaluating psychoeducational curriculum on youth trauma and resiliency skills
- Providing supports to adults struggling with late life depression in rural communities

Our faculty are interested in multiple aspects of mental health: responding to crises, providing evidence-based interventions, and promoting resilience and well-being.
Our faculty provided trainings to community agencies and others in a variety of topics, including:

- COVID-19 Responsiveness and Preparedness
- Trauma-Informed Care & Building Resilience
- Anti-Racist Practice

Kent School faculty and staff are actively engaged in collaboration with community members and organizations in developing and conducting scholarship to promote individual, family, group, organizational and community wellbeing in a wide variety of ways. It is humbling to be privileged by the active engagement of diverse members of our community in this work, and we appreciate the support of our funders and collaborators as we work to develop knowledge that makes a difference in the world.

David Jenkins, PhD
Dean

Crystal Collins-Camargo, PhD
Associate Dean for Research
FACULTY PROFILES
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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.

Becky Antle’s research interests center around family relationships and include topics such as child welfare, interpersonal violence, relationship education, and the impact of medical and mental health issues on the family. In the area of child welfare, she has conducted a number of research studies on Solution-Based Casework practice and comorbidities of child maltreatment (e.g., domestic violence and substance abuse). She has also developed a comprehensive model of training evaluation for child welfare that has been utilized for multiple federal and state grants in the area of practice models, couple/family relationships, adoption and family formation, independent living, and medication management for children in care.

In the area of professional development in child welfare, she has completed research on supervision, training reinforcement, specialized educational programs, virtual office configurations, cultural competency, recruitment and retention, and trauma screening/assessment. Similarly, she has researched the use of relationship education as a strategy to prevent interpersonal violence and promote child well-being among high-risk populations through programs on healthy relationships, pregnancy prevention, and fatherhood.

A second major area of her research interests is health and mental health. She is currently completing a dissemination study of the use of computerized cognitive behavioral therapy for the treatment of depression in primary care. She has also conducted research on evidence-based approaches to other health/mental health conditions such as schizophrenia, cancer, obesity and HIV.


Currently, Dr. Adrian Archuleta is an Associate Professor in the MSSW program. Substantively, Dr. Archuleta's research focuses on the social and psychological determinants of acculturation and acculturative stress that affect the well-being of first and later generation ethnocultural groups. Dr. Archuleta has extended this work by exploring the structural contribution of a person’s social network as a determinant of cultural change and stress exposure, as well as how those factors provide access to resources (e.g., social capital) and influence the well-being of Latinx people. Dr. Archuleta's methodological interest include social network analysis, psychometrics and instrument development as well as traditional and electronic survey methodology.

Dr. Archuleta has served as Co-PI and provided cultural competency expertise on studies funded by the Department of Health and Human Services and the Substance Abuse and Mental Health Administration. His role on these grants has focused on helping research teams engage cultural groups traditionally underrepresented in research, and adapting evidence-based interventions for implementation with culturally diverse groups. These grants have focused on providing and evaluating services to survivors of torture, testing various evidence-based trauma interventions with youth (i.e., foster care, military families, and refugees), and developing culturally and contextually specific domestic violence interventions for Latinas. Building on his interest in well-being and mental health, Dr. Archuleta is currently a CO-PI on the Older Adults in Kentucky Prisons Study (OAK) which is a state-wide study seeking to understand incarcerated older adult's experiences with health, quality of life, and justice-related experiences.


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

In order to ensure that the child welfare workforce serving vulnerable children and families across the nation does so in partnership, using a respectful, cultural, solution focused and trauma-informed lens, Dr. Barbee and her collaborators engage systems in developing, adapting, implementing and evaluating child welfare casework practice models. In addition, they are currently studying the efficacy of 10 workforce interventions including job redesign, Title IV-E education, selection testing, the selection process, onboarding, changing organizational culture and climate, enhancing supportive supervision, utilizing Resilience Alliance, examining telework, and use of technology to determine which ones reduce staff turnover and improve child outcomes.

In order to install interventions the team assesses the capacity of organizations to engage in major change efforts and works to ensure that the leadership is on board, the organization is healthy, and infrastructure and resources are in place to support implementation. This work is beginning to be applied to related workforces.

Finally, Dr. Barbee is currently working to prevent child maltreatment directly through the delivery and evaluation of Love Notes aimed at enhancing positive relationship and social support skills, reducing intimate partner violence, high risk sexual behavior, sexual coercion, the spread of disease, and pregnancy in youth who are disconnected from their homeland, society, family and peers.

RESEARCH INTERESTS

- Child Welfare
- Workforce Development
- Practice Model Development and Education
- Relationship Education
- Teen Pregnancy Prevention
- Violence Prevention
Anita P. Barbee
Recent Publications


Child welfare services are provided through the efforts of both the public systems mandated to serve families and private agencies which offer a range of services for those children and families. Children and families served by the child welfare system deserve effective services from the system mandated to help them. These agencies, however, are struggling to identify organizational and frontline practices that improve system, worker, and client outcomes. Dr. Collins-Camargo studies an array of strategies with which public and private child and family serving agencies could improve their work with these families to promote child safety, permanency, and well-being.

Dr. Collins-Camargo’s research focuses on organizational interventions primarily, such as clinical supervision, quality improvement and contracting strategies, and promoting use of data in organizational and practice decisions, which support frontline practice and ultimately improve organizational and client outcomes. She also studies inter-organizational relationships and collaboration to promote collective impact. She is currently leading Kentucky’s implementation of standardized screening for trauma and behavioral health needs of children coming into out-of-home care and functional assessment to drive case planning and selection of evidence-based treatment. This intervention is also designed to provide agency and system-level data to assess service array capacity and relationship between child characteristics, treatment and outcomes. Her research team is also studying how private child and family serving agencies can best promote the use of evidence to improve practice and outcomes for their clients.

RESEARCH INTERESTS

- Public/private partnership in child welfare
- Organizational and managerial practice
- Permanency and wellbeing for children in out-of-home care
- Evidence-informed practice
- Organizational supports for evidence use
"Our work has illuminated the relationship between public and private child welfare agencies, enabling the field to address management and interagency dynamics issues to promote system reform and collective impact. Our efforts to understand organizational supports and strategies for data-informed decision-making and evidence-informed practice help the field seek positive outcomes for children and families."


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

Dr. Shantel Crosby's research focuses on wellbeing and adverse childhood experiences among youth who are court-involved or at risk of court-involvement, with emphasis on youth of color. She examines trauma and behavioral/ socioemotional health among this population and explores trauma-informed responses to maladaptive youth behaviors. She is also interested in examining innovative practices and interventions across child-serving systems that address negative youth behavior and trauma symptomatology.

Dr. Crosby is currently an evaluator for the Louisville Trauma Resilient Community (TRC) project, a 5-year grant funded by the Substance Abuse and Mental Health Services Administration. The Louisville TRC is focused on providing culturally-appropriate, trauma-focused, clinical and system-level interventions in West and South Louisville to address community violence and race-based trauma. Dr. Crosby was previously the principal investigator for a project, funded by the Robert Wood Johnson Foundation, exploring the school experiences of trauma-exposed students. This study examined focus group data from trauma-exposed high school to both understand their lived experiences to improve student well-being. Dr. Crosby has also partnered, as co-principal investigator, with faculty from the College of Education at the University of Louisville to pilot a trauma-informed curriculum for undergraduate teacher candidates to address the paucity of pre-service teacher training on childhood trauma.

RESEARCH INTERESTS

- Childhood trauma and wellbeing
- At-risk youth
- Trauma-informed practice
- Innovations in school practice
- Trauma-informed teaching
**Shantel Crosby**

**Recent Publications**


According to the World Health Organization, the toxic combination of bad policies, economics, and politics is in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Within the context of our aging population, which is expected to increase from 40 million to 70 million by 2030, it is important to address these disparities and social injustices to ensure that we will be able to care for our aging population.

Not only do we need to increase the workforce to deliver services to an aging population, we also need to create health equity in our society by challenging the social determinants of health that are preventing older adults from enjoying good health. Also, societal barriers need to be broken down that prevent many older adults with chronic conditions from getting the care they need.

Dr. Faul’s research focuses on four critical needs in the field of aging and chronic disease management: 1) the high prevalence and disproportionate impact of chronic conditions on marginalized people in our society; 2) the lack of health self-management and prevention programs that address cultural influences and the influences of the complex systems on people’s health; 3) the need for sophisticated multilevel explanatory methodologies in social work and health research to analyze pathways to effective health behavior; and 4) the need for health professional researchers and practitioners to help fill the workforce gap for our aging society.
Anna C. Faul

Recent Publications


ANDY FREY
Professor
Director, PhD Program
Ph.D. 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.

Dr. Frey’s research focuses on removing barriers to learning through promotion, prevention, and treatment of children within the context of schools. These services are typically conceptualized at the primary, secondary, and tertiary levels; consistent with a public health model. Dr. Frey’s four most significant contributions have been in the areas of school-based mental health, school social work services, the First Step Next early intervention program, and motivational interviewing in school settings.

Dr. Frey has contributed to the expansion of the First Step Next intervention to be more effective for improving social competency and reducing challenging behavior for students with the most severe behavior problems and with students in preschool settings. He is the senior author of homeBase, an intervention to improve positive parenting, as well as the Motivational Interviewing Training and Assessment System – which has a variety of school-based applications. He has a successful record of disseminating research findings, having had over 85 peer-reviewed articles and chapters accepted for publication since becoming an Assistant Professor in 2000.

Dr. Frey recently served as the PI for a goal 2 Institute for Education Sciences (IES) development grant (R324A080137/PD/PI: Frey) and as a co-investigator for a 5-year NICHD-funded efficacy trial (1R01HD055334-01A2/PD/PI: Feil). He is currently serving as key personnel (PI and Co-I) on three IES grants (R32A150179/PD/PI: Frey and Seely; R324A150221/PD/PI: Feil; R324A190173-Co PD/PI: Frey), and serves as the lead mental health consultant for the Jefferson County Public School’s early childhood program.

RESEARCH INTERESTS

- School social work
- School mental health
- Behavior disorders
- Motivational interviewing
- First Step Next
**Andy Frey**

**Recent Publications**


Dr. Frey's primary interest is in the intersection of family processes and suicide prevention. Her research utilizes both quantitative and qualitative methods to explore the role of stigma and family interactions following a loved one's disclosure of suicidal ideation or behavior. Dr. Frey's work has demonstrated links suggesting disclosure and subsequent family reaction predict depression symptoms and the interpersonal needs that predict the desire to die. Moreover, she found that individuals with a lifetime history of suicidal behavior perceived the highest rates of stigma from close family members, which was the best predictor of subsequent depression symptoms compared to stigma from other sources (e.g., therapists, nurses, clergy.) Dr. Frey is currently the principal investigator for a grant funded by the American Foundation for Suicide Prevention that examines the effect of parental expressed emotion on adolescent disclosure of suicide ideation and how they impact treatment adherence moving forward.

Dr. Frey’s previous and current work emphasize the important role of family members during the recovery process for suicide attempt survivors. As a licensed clinician and family scientist, Dr. Frey aspires to conduct research that has clear implications for both family life educators and mental-health service providers. All too often, the family environment is considered a treatment context only for children and adolescents, which limits our efforts in treating suicidal behavior within adults. Dr. Frey advocates for examining the family’s role in experiences leading up to suicidal behavior and the assets families can provide in the treatment process for individuals of all ages.


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.

RESEARCH INTERESTS

- Justice involved women and men
- High-risk behavior
- Aging among criminal justice populations
- Violence & victimization
**Seana Golder**

**Recent Publications**


“The major impact of Dr. Golder’s program of research has been to provide empirical data that identify the risk and protective factors associated with women’s engagement in high-risk behaviors. Dr. Golder’s research has generated seminal research on the needs and challenges faced by victimized women on probation and parole.”
Substance use disorders are chronic health conditions associated with harmful personal and societal outcomes, though effective treatments allow many people to experience full recovery.

Dr. Hall’s research is focused on understanding substance use and developing and evaluating effective interventions for people with substance use problems. He currently serves as the evaluator for Kentucky’s Sobriety Treatment and Recovery Teams (START), a child welfare intervention for families with co-occurring substance use and child maltreatment. The START program evaluation has been funded through the Administration for Children & Families under three funding mechanisms awarded to the Kentucky Department for Community Based Services. Studies of the program have shown that children in families served by START enter out-of-home care at a lower rate than families receiving usual child welfare services. Additionally, a recent study demonstrated that medications for opioid use were associated with improved child welfare outcomes. START is currently rated as a promising practice by two independent organizations that evaluate child welfare interventions.

Dr. Hall also has a longstanding research interest in the epidemiology of the nonmedical use of prescription drugs, particularly in understudied populations (e.g., rural Appalachians; institutionalized youth; women on probation and parole). A previous study established distinct subtypes of individuals who report nonmedical prescription drug use. Subsequent work described the relationship of psychological distress (e.g., PTSD) and physical health status (e.g., pain symptoms) on nonmedical prescription drug use.
Martin T. Hall

Recent Publications


Dr. Harris’s research goals are to improve and extend intervention strategies for older adults who have been impacted by the HIV/AIDS epidemic. Her expertise is qualitative methodology (Ethnography and Grounded Theory), but she also uses quantitative methods in her research.

Over the past decade, Dr. Harris has worked closely with international NGOs such as Save the Children, the International Rescue Committee, World Relief and the International Medical Corps to support psychosocial interventions and research. Her international work includes studies on grandparents raising grandchildren due to the HIV/AIDS epidemic in Vietnam.

Domestically, her research interests involve the improvement of service delivery for persons over the age of 50 living with HIV/AIDS. She is currently studying the state of HIV/AIDS care and prevention for older adults among aging service providers (long term care facilities, assisted living facilities and independent living communities) in order to understand the most effective strategies to meet the needs of this growing population.
“My work has assisted in the development of several interventions impacting older adults affected by HIV/AIDS, both domestically and internationally. Through my partnership with Save and the Children, my work has led to the development of “Empathy Clubs” also known as support groups for grandparents raising grandchildren due to HIV/AIDS in Northern Vietnam. In Louisville, I have worked closely with the House of Ruth and the Kentucky HIV/AIDS Care Coordinator Program (KHCCP) to develop trainings and interventions for social workers and health care professionals on how stress and stigma impact engagement in care among older adults living with HIV.”


Van Zyl, M. A., & Harris, L. M. (2018). Provider Responses to Patients with Chronic Conditions Who Follow a Plant-Based Diet. Families in Society, 1044389418810239


Dr. Head worked as both a nurse and social worker at a large hospice program in multiple roles before entering academics: home hospice nurse, director of quality and compliance, and director of staff development and community education. She entered doctoral studies in 2002 due to her interest in teaching on the college level and doing research related to palliative care and oncology. Her dissertation developed an instrument to measure financial well-being as a component of quality of life for cancer patients. Upon receiving her PhD from the Kent School of Social Work, Dr. Head was appointed as a faculty member in the School of Medicine.

Dr. Head served as Principal Investigator on a project funded by the Moore foundation to develop and implement a specialty certification for palliative and hospice social workers, Advanced Palliative and Hospice Social Worker, Certified (APHSW-C). To date, almost 500 social workers have become certified in this specialty through the program. She continues to develop exam items and marketing efforts for the certification.

Most recently she has served as co-principal investigator on a National Cancer Institute funded project, the Interprofessional Education Exchange or iPEX program. This program provides faculty development to faculty teams from across the nation to enable them to design and implement interprofessional education programs in palliative care. To date, 16 teams (2 cohorts of 8 teams each) have received the training, and two more cohorts are planned. Those teams completing the training have been successful in establishing unique interprofessional palliative care education programs at their home institutions. Dr. Head continues to facilitate interprofessional student teams for nursing, medicine, social work and chaplaincy students at the University of Louisville. She is also working as co-editor on a textbook on interprofessional palliative care.

**RESEARCH INTERESTS**

- Interprofessional education in palliative care
- Financial impact of a cancer diagnosis
- Development and specialty certification of hospice and palliative social workers
- Workforce enhancement for hospice and palliative social workers and nurses
- Telehealth in palliative care
Barbara A. Head
Recent Publications


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


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

Dr. Jenkins’ research is broadly focused on understanding the lived experiences of individuals and family forms that suffer from marginalization or lack detail in academic and professional literature. Most frequently, his research examines the lives of sexual minorities as individuals, couples, and families and the issues that impact them. Historically, since sexual orientation is often not included in collected census data, Dr. Jenkins has interviewed marginalized individuals and couples across the United States to better understand their experiences to compare and contrast with those frequently included in scholarly publications.

Dr. Jenkins also has a scholarly interest in the interventions offered to these individuals and families. He hopes his research shapes evidence-based policies and services designed to reach these individuals and their loved ones.

**RESEARCH INTERESTS**

- Individual and family marginalization
- Health disparities
- Couples and family therapy
- Substance abuse and recovery
- Therapeutic interventions


“Lack of visibility, stigma, and marginalization negatively impacts the health and well-being of individuals and their families. This marginalization process results in discrimination, isolation, and increased stress. Additionally, specific services targeted to these individuals and families may either be overlooked, inadequate, or prove difficult to locate and obtain.”
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.

**Research Interests**

- MFT common factors
- Therapeutic alliance
- Social work/MFT integration
- MFT research & practice integration
- Healthy relationship education
Eli A. Karam

Recent Publications


Almost 1.9 million new cancer cases are expected to be diagnosed in 2021. Approximately 608,570 Americans are expected to die of cancer... (ACS, 2021). More than 17 million Americans with a history of cancer are alive today.

A diagnosis of cancer challenges patients and their loved ones with a myriad of social and emotional stresses. The COVID pandemic compounds their stress with an additional layer of uncertainty, anxiety, and loss. Dr. Kayser has been focusing her recent research on psychosocial oncology practices that have emerged from the pandemic and may potentially transform the way that supportive services are delivered to patients and their families post-COVID.
Karen Kayser
Recent Publications


Head, B., Harris, L., Kayser, K., Martin, A. & Smith, L (2018) As if the disease wasn’t enough: Coping with the financial consequences of cancer, Supportive Care in Cancer. 26, 975-987. DOI:10.1007/s00520-017-3918-y

Head, B., Harris, L., Kayser, K., Martin, A. & Smith, L (2017) As if the Disease Wasn’t Enough: Coping with the Financial Consequences of Cancer, Supportive Care in Cancer. 26, 975-987. DOI:10.1007/s00520-017-3918-y


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

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.

**RESEARCH INTERESTS**

- International relations
- Social work education
- Social & health policy
- Cultural understanding


Dr. Middleton is an Associate Professor in the Kent School of Social Work at the UofL and Director of the UofL Human Trafficking Research Initiative. Dr. Jennifer Middleton’s research, teaching, and service activities all focus on partnering with communities to develop trauma-informed approaches to working with children and families impacted by trauma, substance abuse, and other adverse childhood experiences. In addition, her collaborative efforts aim to address the cumulative impact of working with traumatized populations on the professionals and organizations who serve them. Dr. Middleton leads multiple federally-funded, interdisciplinary research projects examining the impact of trauma-informed organizational change interventions within systems of care that serve sex trafficked populations and address community violence within refugee, Tribal, urban, and rural community contexts. She recently completed a five-year $3.9M federal grant project that created a trauma-informed system of care for children directly impacted by the opioid epidemic.

Dr. Middleton is currently the Director of Implementation for a new five-year $5M SAMHSA grant aimed at addressing community violence, trauma, and inequities in west and south Louisville. Dr. Middleton is also the Principal Investigator of two recently funded research projects which aim to address child sex trafficking: 1) Project STAAR: Survivors of Trafficking Creating Art, Advocacy, and Resilience, a qualitative study which utilizes photovoice methods to explore the lived experiences of child sex trafficking survivors, and 2) Project PIVOT: Prevention and Intervention of Victims of Trafficking, a comprehensive case review of all reported child sex trafficking cases over a 5-year period in Kentucky. Middleton is an active member of numerous local, state, national, and international human trafficking initiatives and is fully trained in the Sanctuary Model®. During her forensic social work career, Dr. Middleton interviewed and provided services to over 4,000 sexually exploited and trafficked children and youth.

RESEARCH INTERESTS

- Trauma-informed child welfare and forensic social work
- Adverse childhood experiences (ACEs)
- Domestic minor sex trafficking
- Intersection between sexual violence and substance abuse
- Trauma-informed organizational change
- Vicarious traumatization among helping professionals


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

Dr. Moon’s research centers on the study of physical and mental health of older adults, the consequences of stress related to caregiving of people with chronic illness (e.g., early-stage Alzheimer’s disease) and the transition of care within a family context. The goals of my research are to enhance their quality of life and to reduce health disparities among racially and culturally diverse older adults and their families. I have worked on several projects addressing the complex ways in which social factors affect health and well-being.

Dr. Moon has been expanding her caregiving research by investigating disparities in health, mental health and life experiences among racially and culturally diverse older adults and their caregivers (CGs). For example, the estimated number of families with a member with Alzheimer’s disease and other dementias in the U.S. is predicted to more than double between 2013 and 2050. Prior research has shown that race, age, income, education, and chronic conditions could be possible risk factors of dementia. Given that more than a quarter of the older adult population in the U.S. is projected to be of ethnic or racial minority status by 2030, dementia among these groups is of significant concern. Also the under-researched population of immigrants with dementia merits attention given the demographic changes in the U.S. population (prevalence of dementia-5.4 millions in 2013 to more than double by 2050, increase in the number of immigrants-2.7 million in 1990 to more than 16 million by 2050. It is important to understand whether the prevalence and incidence of dementia among immigrant and US-born older adults may differ and whether dementia has differential impact on their CGs, and to inform possible recommendations for culturally sensitive and sustainable care interventions and policies for CGs of immigrant older adults.


Lee, Y., Roh, S., Moon, H., Lee, K.H., Burnette, C.E., LaPlante, K. Andersen’s Behavioral Model to Identify Correlates of Breast Cancer Screening Behaviors among Indigenous Women (Accepted)


The well-being 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.

In *Dilemmas of Black Faculty at Predominantly White Institutions in the United States: Issues in the Post-Multicultural Era* Dr. Moore and her colleagues discuss experiences as professors in predominately white universities (PWIs). Black faculty members are numerically underrepresented in the professoriate. On PWI campuses, their experiences have been mixed in terms of salary disparities, being tracked into disciplines and departments that some view as marginal and status assaults and ongoing stigmatization ranging from police harassment to collegial harassment.

The Black church serves as a coping and survival mechanism and continues to be a type of family where Blacks receive social support and affirmation. As an institution, it is second in importance only to the family within the Black community. In recent years the issue of child sexual abuse within religious institutions has come to light. Dr. Moore’s research focuses on its incidence within society and how the Black church can become a safe haven against the sexual violation of children.

Many service providers and their organizations do not have adequate knowledge of culturally diverse people and their worldview. However, with increasing cultural diversity, it will become more likely that service providers and recipients are of different backgrounds. She co-authored a text, *Social Work Practice with Culturally Diverse People*, in acknowledgment of the need for practitioners to be equipped with cultural knowledge and cross-cultural skills. She is also concerned about self-care practices among social work students and family caregivers.

Dr. Moore has received the Florence W. Vigilante Award for Scholarly Excellence for her article “The Dehumanization of Black Males by Police: Teaching Social Justice—Black Life Really Does Matter.”

**RESEARCH INTERESTS**

- Police and the Unarmed Black Male
- African American Faculty
- The African American Church
- Self-Care & Social Work Students
- Social Work Practice
- Caregiving
Sharon E. Moore
Recent Publications


Books


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

Dr. Perry's research efforts center on the intrapersonal, interpersonal, and external factors that influence men's involvement in the lives of their children and families, as well as the impact of that involvement on the well-being of the family. The findings of his research have pointed to the tools, resources, and experiences that shape men's ability to be involved fathers, the role that mothers play in facilitating or truncating fathers' involvement, and social service providers' attitudes toward engaging fathers. The findings of Dr. Perry's research have also highlighted the relationship between fathers’ provision of instrumental and affective support and positive outcomes for families, such as fewer behavioral problems in children and lower levels of reported maternal stress.

With regard to the potential impact of his work, Dr. Perry is interested in not only understanding the factors that encourage or discourage fathers' involvement in the family. Consistent with his interest, Dr. Perry's projects involve a federally funded parent education intervention for non-resident fathers and a co-parenting study aimed at increasing custodial mothers' empathy for fathers. Given that marriage has often been posited as one of the most viable pathways for involved fathers, Dr. Perry has also examined men's attitudes and experiences with marriage and romantic relationships.

RESEARCH INTERESTS

- Fathers' Involvement in the Lives of their Children
- African American Males’ Role in Family Functioning
**Armon R. Perry**

**Recent Publications**


Dr. Prost aims to enhance health and quality of life among criminal justice system stakeholders including persons who are incarcerated, their caregivers, criminal justice professionals, and administration. She pursues this aim using both quantitative and qualitative methods including primary data collection via surveys and focus groups and secondary data analysis of existing records and policies. Her current goals relate to the development, implementation, and evaluation of tailored interventions aimed at increasing health and quality of life among older adults incarcerated in prison.

Dr. Prost’s primary substantive area of research is examining quality of life among persons with justice-involvement and the relationship between correctional health care, quality of life, and justice-related outcomes. Dr. Prost is the PI on the Older Adults in Kentucky (OAK) Prisons Study alongside Drs. Golder and Archuleta (Co-PIs) at the Raymond A. Kent School of Social Work. The OAK study is a mixed-methods, longitudinal effort aimed at identifying and describing the 1) health, quality of life, and justice-related experiences of incarcerated older adults and the 2) strengths and barriers of programming and services for incarcerated older adults in each of the 12 Kentucky state prisons.

Dr. Prost is also working with interdisciplinary partners at the College of Charleston and Florida State University to identify and describe services for justice-involved persons with chronic and terminal illness in prisons including access and utilization of compassionate release and characteristics of prison hospices throughout the United States. She is also the PI on the Quality of Life in Law Enforcement Officers (LEOQOL) Study. Alongside partners at the Florida State University Institute for Family Violence Studies and the University of Texas at Austin, the study seeks to examine independent and interactive relationships among stress, trauma, adaptive and maladaptive coping, and quality of life in law enforcement officers. The study also seeks to compare self-reported quality of life among various criminal justice professional groups and to examine viability and factor structure of several standardized measures.
Stephanie Grace Prost
Recent Publications


Dr. Rote’s research integrates the life course paradigm with psychosocial models to investigate the health of adults in mid- and late-life. Research on older adults examines racial/ethnic disparities in health and well-being with a special emphasis on older Latinos. Dr. Rote is currently the PI on a grant funded by the National Institute on Aging (R03, 2018-2021, PI) that addresses “Dementia and Physical Disablement Processes among Aging Latinos.” Preliminary results highlight the importance of early life factors (education, occupation, and family size) for gendered pathways to dementia-related disablement in the Mexican-origin population.

Dr. Rote’s research on health in midlife focuses on the risk and protective factors for family caregiver health, and documents racial/ethnic differences in caregiving intensity and well-being. This research is supported by an NIA Health Disparities Loan Payment Program award (2020-2022). Additionally, Dr. Rote, along with Dr. Heehyul Moon, were recently awarded a seed grant from the Kent School of Social Work to examine sources of stress and resiliency for dementia caregivers throughout the state of Kentucky. Outcomes of the project include tailoring dementia care services and outreach to diverse caregivers in Kentucky and increasing dementia caregivers’ awareness of formal resources and self-care strategies.


BIBHUTI K. SAR

Professor
Ph.D. 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.

Dr. Sar’s research focus is on identification of factors and practices for the improvement of quality of life of vulnerable families and children. The emphasis is on community-based research utilizing multiple perspectives and methodologies to better understand child and family functioning and wellbeing in the context of the broader community and societal conditions and circumstances. Some specific topics of interest are trauma, services impact and effectiveness, workforce training and development, and curriculum development, implementation and evaluation.

Currently, Dr. Sar is the Principal Investigator of the 1) SAMHSA funded and National Child Traumatic Stress Network NCTSN partnered Center for Promoting Recovery and Resilience (CPRR) (2012-present) which partners with community based child serving organizations to provide evidence-based trauma informed interventions to traumatized children and adolescents, 2) the SAMHSA funded Youth Mental Health First Aid (YMHFA) for Allied Professionals (2018-present) who provide services to children and youth in settings other than mental health, 3) the Office of Refugee Resettlement (ORR), U.S. Department of Health and Human Services (DHHS) funded Survivors of Torture Recovery Center (STRC) (2019-present) which focuses on trauma informed care of refugees and immigrants with past history of being victimized by torture, 4) SAMHSA funded Integrated Care for Persons with Co-Occurring Disorders which is focused on evaluating the treatment model for homeless individuals experiencing co-occurring mental and substance abuse disorders (2020-present), and 5) the Director of the Credit for Learning Program (CFL) (2002-present), which aims to professionalize the child welfare workforce through teaching and coaching new and tenured child welfare workers on critical elements of delivering child welfare services.

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
Bibhuti K. Sar
Recent Publications


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

Dr. Schapmire serves on the faculty of the University of Louisville’s School of Medicine and the Kent School of Social Work. As a long time oncology and palliative care social worker, she is co-investigator on two Health Resources and Services Administration grants aimed at development of an interdisciplinary gerontology curriculum for learners in medicine, nursing, social work, dentistry, and pharmacy. She is also a co-investigator on a National Cancer Institute grant funding the development of training program for 160 health science educators to provide interprofessional education in oncology palliative care at 35-50 institutions across the nation. This project aims to help students of the health sciences at these institutions learn the skills and knowledge essential for providing effective team-based, patient-centered palliative oncology care. As a co-investigator on the $7.5 Million Kentucky LEADS Collaborative, she and her team are dedicated to reducing the burden of lung cancer in Kentucky and beyond through development, evaluation, and dissemination of novel, community-based interventions to promote provider education, survivorship care, and prevention and early detection.

Her past research includes a National Institutes of Health grant focused on development of an interdisciplinary oncology palliative care curriculum for schools of medicine, social work, nursing and chaplaincy residency programs and an American Cancer Society-funded study of emotional distress in older adults with cancer.

RESEARCH INTERESTS

- Psychosocial care of cancer survivors and their families
- Gerontology
- Health disparities
- Palliative care
- Survivorship
- Inter-professional education
“While there exist many obstacles to interprofessional education (IPE) and hands-on learning, the value of such experiences to the learners justifies efforts to initiate and continue IPE programs in the health sciences.”

Tara J. Schapmire

Recent Publications


The U.S. population of persons age 65 and older currently is 12% and expected to grow to 20% by 2030. Approximately 7.9% of Kentucky elders will have a stay in a nursing facility annually. Over 23,000 persons reside in long-term care facilities (LTC) in Kentucky on any given day.

Until 2008, there were no user-friendly models for Long Term Care preparedness planning. Since that time, we have created training and planning resources for the state’s 289 LTC facilities. Additionally, our research focuses on the diffusion of innovation in LTC disaster preparedness to protect from and respond to disasters that affect one of our most vulnerable populations. We have brought LTC together with regional healthcare coalitions, disaster response agencies, and supported an infrastructure across Kentucky capable of responding to local, regional, or statewide disasters.

We also have created innovative training models in LTC quality of care and quality of life for LTC managers, staff, regulators and partners such as the KY LTC Ombudsman Program, Quality Improvement Organizations and the Centers for Medicare and Medicaid Services and engaged LTC state associations in joint planning for person-centered care initiatives. National partnerships include the Centers for Medicare and Medicaid Services, FEMA, and multiple state regulatory entities. Training contracts include the KY Department for Public Health, State Survey Agencies in Kentucky and five additional states in the Southeast.
Betty Shiels
Recent Publications


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.

Dr. Sterrett-Hong’s program of research seeks to highlight ways to decrease health disparities affecting marginalized youth. Her scholarship sits at the intersections of youth health and development, interpersonal relationships, and implementation science. One main area of Dr. Sterrett-Hong’s research examines the influence of intergenerational relationships and ecological contexts on the psychosocial functioning of adolescents/young adults. For example, she has co-authored empirical research articles on associations between improvements in romantic relationship-oriented behaviors and youth psychological functioning, and on family and extended family protective factors from community violence among low-income youth. In addition, Dr. Sterrett-Hong has conducted multiple studies related to the role of social networks in the mental and sexual health of young sexual minority men of color, including a recent photovoice-based needs and strengths assessment conducted through a partnership with members of the LGBT people of color performance communities (e.g., Drag and House-Ball scenes) in Louisville.

Dr. Sterrett-Hong’s second area of research is related to the implementation of evidence-based treatments. She has co-authored papers and given presentations on the process and cost-effectiveness of family therapy interventions in child welfare and mental health systems. She also has helped conduct studies on the implementation of evidence-based treatments in mentoring, as well as in substance abuse treatment programs.

RESEARCH INTERESTS

- Social networks
- Intergenerational relationships
- Ethnic minority youth and young adults
- LGBTQ youth and young adults
- Implementation science
"My research has contributed to the non-parental adult research field by highlighting the positive role non-parental adults can have among youth from single-mother families and also sexual minority youth, specifically. I also have contributed to our understanding of the process, and clinical and financial results, of infusing evidence-based treatments in large behavioral health systems.”


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.

Dr. Storer’s research investigates primary prevention approaches to ameliorating adolescent dating abuse, particularly among communities’ disproportionality impacted by violence. Dr. Storer’s work stands at the intersection of gender-based violence, technology, and social justice. Her research agenda focuses on identifying and dismantling population-level social norms and practices that stigmatize adolescent survivors of abuse. A significant focus of her work focuses on addressing the upstream determinants of dating violence and identifying pathways to support positive adolescent development and well-being.

Dr. Storer’s current scholarship constructs knowledge on how gender-based violence organizations use technology to engage in broader social movement building. Her research explores the myriad of ways that organizations have integrated the use of technology in the digital age, especially related to digital organizing and youth engagement. Presently, she is examining how digital technologies, including social media, can be employed to facilitate underserved adolescents’ engagement with gender-based violence organizations. Dr. Storer is also conducting a digital ethnography of gender-based violence organizational websites to assess the inclusivity of organizations’ digital footprints. Methodologically, Dr. Storer is interested in employing mixed qualitative and computational science approaches, critical discourse analysis, and arts-based participatory methods that center youth’s perspectives and lived experiences.

**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”
“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 towards population-level factors that perpetuate inequities in health outcomes.”


Dr. Winters research focuses attention on the relative effectiveness of different types of services provided through behavioral health, juvenile justice, and child welfare systems to children and adolescents involved in these systems. As a services researcher, Dr. Winters research agenda addresses two focal areas: Services for youth in child serving systems and the workforce delivering these services, exploring what works under certain circumstances.

Dr. Winters is part of two research teams disseminating findings from community-based studies conducted in child welfare and behavioral health. Project SAFESPACE, funded by the Children’s Bureau, implemented universal, standardized screening for trauma and behavioral health needs by child welfare workers upon entry into out-of-home care, standardized functional assessment and periodic measurement of progress by behavioral health providers, use of data from screening and assessment to inform treatment selection, and use of aggregate data on the organizational level for capacity building and service array reconfiguration. The second study, funded by the National Institute of Mental Health (R21), utilized task-shifting strategies to implement a modified version of the 4Rs and 2Ss Strengthening Families Program (4R2S) to be delivered by child welfare caseworkers who were providing in-home services to child welfare involved families.

Dr. Winters is also part of a research team actively engaged in community-based research. The Children’s Bureau Quality Improvement Center for Workforce Development (QIC-WD) grant is dedicated to understanding how to improve child welfare workforce outcomes. The QIC-WD partnered with eight child welfare agencies to evaluate evidence-informed workforce interventions and how they are related to outcomes for children. Dr. Winters is part of the evaluation team for the Ohio site.
Andrew Winters

Recent Publications


**Encyclopedia entries/Reports:**


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 the older adults and their communities.

Dr. Pamela Yankeelov’s scholarly pursuits have primarily focused on program evaluation specifically in the areas of health care for older adults, child welfare, post-divorce education programs and student academic outcomes. Recently, her research is focused on new health care delivery strategies for older adults living with chronic disease in rural areas. In the US, 25% of older adults (³ 65 years) live with diabetes (National Diabetes Statistics Report, 2017), 66% of older adults are diagnosed with multiple chronic conditions, and 95% of the health care costs for older adults is for chronic diseases (CDC, 2013). By 2030, it is expected that 1 in 5 Americans will be an older adult (U.S. Census Bureau, 2014).

Yankeelov views chronic diseases, like diabetes, as public health problems which require innovative individual, clinical and population-based system approaches, supported by academic initiatives for the management and prevention of complications. Her research aims to honor the vulnerable older adult population by giving voice to their needs and solutions through the use of participatory action research-oriented methodologies. She also studies patient outcomes associated with innovative, interdisciplinary, primary care, person-centered, coordinated care solutions which address the social, psychological and biological determinants of the older adults’ health.

RESEARCH INTERESTS

- Older adults
- Health disparities
- Social determinants of health
- Chronic disease management
- Care coordination
Pamela A. Yankeeelov
Recent Publications


Since 2004, Dr. Yingling has worked with children with autism spectrum disorder (ASD) and their families in home, community, and university-based settings. Informed by this work, she is dedicated to improving individual and family outcomes by evaluating and enhancing access to treatment for children with ASD. In her recent assessment of the Healthy People 2020 objective to enroll 57.6% of 8-year-old children with ASD in treatment by 48 months old, she demonstrated that it was not met (40.9%) and detected social inequities. Dr. Yingling has also documented an association between children’s enrollment in state early intervention programs for children younger than three years old and the age of ASD diagnosis; children who enroll in early intervention may be diagnosed approximately two years earlier than children who do not. Her work on Medicaid-funded behavioral treatment and demonstrates a substantial time-lag between diagnosis and onset of early intensive behavioral intervention (EIBI), as well as underutilization of EIBI. It also points to racial-ethnic and neighborhood inequities in the age of specialized treatment receipt and EIBI utilization trajectories and highlights parents’ perceived challenges to utilization of EIBI (e.g., competing time demands of school and other therapies).

These studies suggest that despite improvements in health coverage of treatment for ASD through Medicaid and state insurance mandates, access and utilization remain imperfect. At minimum, underutilization serves as a red flag to Medicaid administrators that large scale implementation of EIBI may require an investment of time and resources in areas other than direct provision, such as parent education, provider recruitment strategies, and intersystem collaboration between schools and health providers. Further research is warranted to identify barriers to treatment access and utilization and the underlying factors that contribute to inequities. To this end, Dr. Yingling is leading a study to examine geographic access to Board Certified Behavior Analysts at the county level among children with ASD in the United States. Preliminary results indicate very uneven county-level variation in geographic access and highlight specific geographic areas in which access is exceptionally high and low.

Furthermore, Dr. Yingling has authored articles related to the COVID-19 Pandemic in the fields of social work and behavior analysis.

RESEARCH INTERESTS

- Autism spectrum disorder
- Early intervention
- Developmental disorders
- Health care inequities
- Health services research
**Marissa E. Yingling**  
Recent Publications


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MISSION STATEMENT AND CORE ACTIVITIES

The Center for Family and Community Well-Being (CFCW) 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 will utilize 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.
INFRASTRUCTURE

In order to execute the major initiatives of the Center, there was a need to develop an infrastructure to support these efforts and help to establish the Center’s presence and identity. The following have been accomplished in this area:

CFCWB has worked to establish an infrastructure of staff, students, space, policies and procedures, web site (www.louisville.edu/cfcwb), social media presence (https://www.facebook.com/CentersforFamilyandCommunityWellBeing/), advisory board, partnerships with Kent Continuing Education and the CFT Program, marketing materials, products, and consulting/contractual approaches that have already begun to establish a presence and impact on the community.

CFCWB has worked with Kent and University of Louisville financial staff to begin the process of establishing the Center as its own service center which will enable the Center to contract directly with agencies and partners who want to utilize Center services.

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.

There have been over 20 grants and contracts submitted over the past two years that were designated as Center affiliated and were led by numerous PIs from the Kent School. Several of these were successfully awarded; many of the remaining grants are awaiting award decisions. Additional reporting on successful grant partnerships will be reported following these award notifications:

**Prevent Child Abuse Kentucky (PCAK)** offers a range of services to vulnerable families and children. PCAK has negotiated a contract with the CFCWB to do the following: 1) Review of existing data analysis and reports; 2) Advanced analytics and additional report development; 3) Training of PCAK staff in data analysis and reporting; 4) Research on primary prevention of child maltreatment; 5) Scan of fatherhood programs and needs; 6) Satisfaction of participants with programming.

**Key Assets** offers a residential, therapeutic, and support services to special needs children in out of home care. Key Assets has negotiated a contract with the CFCWB to do the following: 1) Operationalization of outcome measures and data collection methods; 2) Analysis of outcome data and reporting for various audiences; 3) Administrative oversight, advanced analytics and collaborative research development; and 4) Training in trauma informed care discharge data collection.
Maryhurst offers a variety of therapeutic services to at-risk girls in residential and outpatient settings. Maryhurst has a contract with the CFCWB to assist with logic model planning and outcome data identification; data integration and analysis of standardized assessment data from the state system; conducting an agency-wide assessment of trauma informed care; collecting data on the effectiveness and funding needs of an intensive outpatient approach; and assistance with post-discharge data collection. Maryhurst has also contracted with CFCWB to provide training and booster sessions for all clinical staff in motivational interviewing.

Recovery Court: Recovery Court offers a comprehensive case management approach for parents with substance use issues whose children have DCBS involvement. The goal is to support the recovery of parents in order to avoid termination of parental rights when possible and appropriate. This contract with the CFCWB will 1) operationalize outcome measures and data collection methods. CFCWB will work with Recovery Court to confirm or modify these outcome measures as needed, as well as to determine specific methods to be used to collect these data elements. This will include training of staff in data collection, putting measures on-line if applicable, and developing data collection manuals; 2) Manage data collection processes with data elements coming from multiple sources (different providers/agencies, administrative data, chart file review, etc). This will also serve to monitor fidelity of data collection; 3) Analyze outcome data and produce reports for various audiences.

Recovery Court Eastern Kentucky: An expansion of the original Jefferson Recovery Court to eastern Kentucky has included manualization of the program, training in evidence-based practices, and comprehensive evaluation of outcomes as part of a federal grant from OJJDP.

P30: Center for Integrated Environmental Health Sciences is an NIH funded environmental health grant. CFCWB provides tracking and evaluation for all core functions of the grant and has been involved in several community engaged research projects including an evaluation of impact of environmental health exposures/contaminants on stress and mental health.

Louisville Healthcare CEO Council Aging Innovation Evaluation: LHCC has identified and implemented several aging innovations in long-term care and aging in place populations. CFCWB is conducting a comprehensive process and outcomes evaluation.

Cedar Lake: Cedar Lake offers a range of services to adults with intellectual and developmental disabilities and expressed a need to collect data on national core indicators for quality of care for agencies serving this target population. This contract with the CFCWB will 1) Develop survey/interview guide to collect data on national core indicators; 2) Provide training in data collection procedures; and 3) Analyze and report the data from the survey/interview process.

Provost Psychoeducation Project: The Center provides psychoeducational groups in key areas of needs for student mental health including depression, anxiety, trauma, and relationship issues. These groups will serve as a diversion option for those on the waiting list or those not needing traditional counseling services and are offered in partnership with units/departments across the University.
On-Line Student Mental Health Needs: Request to develop psychoeducational interventions in an on-line format to meet the mental health needs of on-line students at USF. Seeking foundation funding to support this initiative.

Dibble Institute: The Center has a grant to evaluate the Mind Matters psychoeducational curriculum on trauma and resiliency skills for at-risk youth in partnership with several community-based organizations. Through this grant, 200 at risk youth will be randomized to Mind Matters or a waiting list control group and then participate in a longitudinal evaluation of trauma symptoms.

Legal Aid: The Center has entered into a contract with Legal Aid to conduct a comprehensive community needs assessment of the legal needs of the target population in Jefferson and the surrounding seven counties. This needs assessment effort will include 1) Focus groups and key informant interviews with the Advisory Board and providers 2) Survey of current clients 3) Survey of members of the community that are not currently utilizing services.

Employee Success Center: The Center has partnered with ESC to provide programming for UofL faculty and staff in coping with COVID, transitioning back from COVID and other support programs.

Anti-Racism Initiative: The Center has utilized grant funds to develop a rigorous evidence informed anti-racism training for a wide variety of audiences, including faculty/staff/students and other professional audiences.

Coalition Supporting Young Adults: The Center has received a grant to train community based organizations who serve youth in evidence based assessment. This includes training of organizations, supervision/ongoing training to support implementation, and cross site evaluation.

Trauma Resilient Communities: The Center has contracted with TRC to manualized their comprehensive community based practice model to build trauma informed organizations. This includes manualization activities such as observation, focus groups and interviews, document review, and key stakeholder engagement.

Louisville Metro Public Health and Wellness: The Center has partnered with LMPHW to provide training in coping with COVID, supportive supervision, and secondary traumatic stress. The Center has also conducted a comprehensive organizational assessment of culture and climate.

BIPOC Faculty Turnover: The Center received a grant from the EVPRI to conduct a mixed methods study on BIPOC faculty who have been retained or departed from the University to explore barriers and facilitators for retention.
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 trauma program
  - Best practices in telehealth
  - Coping with COVID
  - Transitioning back from COVID

- CFCWB hosted a symposium with Dr. Scott Sells in partnership with Kent and the CFT Program attended by 18 child welfare, social work, and family therapy professionals from the community.

- CFCWB hosted a symposium with Dr. Dominique Roe-Sepowitz on human trafficking attended by 46 state leaders and professionals from various disciplines and an intensive training in the STAR approach for human trafficking attended by 22 providers to victims of human trafficking.

- CFCWB hosted symposium with Dr. Meghan Novisky on conducting research with prison populations.

- CFCWB has provided educational/training opportunities in program evaluation and educational interventions to over 20 master’s and 5 doctoral students and has established a macro level field practicum opportunity with our first student placed this year. Additional outreach to doctoral students will be provided this semester with an opportunity for second year students be connect with Center evaluation projects for their research class projects.
PRODUCT DEVELOPMENT

- 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.

CONCLUSION

In summary, 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 Lived Experience of Women with Head and Neck Cancer and the Impact on Close

P.I. GEORGIA ANDERSON

Funding Source: American Cancer Society

Funding Period: 7/01/2018 – 6/30/2021

Kent Team: Georgia Anderson, Lesley Harris, Karen Kayser, Heehyul Moon, Tara Schapmire

Abstract: The symptoms of head and neck cancers and side effects of treatment cause significant changes in the physical and psychological health of those who are diagnosed. The rate of women diagnosed with head and neck cancer has remained steady over the past twenty years, but the rate of women dying has increased nearly 2% per year compared to 1.0% for men. The majority of studies about people with head and neck cancer were conducted with male patients and their female caregivers. There is little research about the psychosocial adjustment of woman with this disease. To address the needs of this population it is necessary to gain a more in-depth understanding of the unique stresses and coping strategies that exist for women.

This qualitative, phenomenological study seeks to understand the experience of women who are living with head and neck cancer. The goal of the study is to understand what it is like to be a woman with head and neck cancer, how women cope with this disease and how the women’s relationships are affected by the disease. The hope is this information will lead to the development of interventions to reduce suffering for women living with head and neck cancers.
Funding Source: U.S. Department for Health Human Services, Administration on Children

Funding Period: 2019-2020, 2020-2021 (annually since 1992)

Team/Partners: Anita P. Barbee, 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 pre-tests 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).
Funding Source: U.S. Department of Health and Human Services, Medicaid, flow through to Eastern Kentucky University

Funding Period: 2019 - 2020, 2020-2021 (funded annually since 1999)
Kent School Team: Anita Barbee, 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).
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, Becky Antle, Martin Hall, Lesley Harris, Andrew Winter, Jenny Taylor, Katy Henry, and Lisa Purdy, in collaboration with Michael Cunningham, 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 QICWD 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.
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 into 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)

P.I. ANNA FAUL

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

**Funding Period:** July 2019—June 2024

**Kent Team:** Anna Faul, Pam Yankeelov, & Tara Schapmire in partnership with the Trager Institute and the Schools of Medicine, Nursing, and Dentistry

**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 Microclinics 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](http://www.tragerinstitute.org/flourishcare-curriculum)
**Funding Source:** The Health Resources and Services Administration of the Department of Health and Human Services

**Funding Period:** September 2017—September 2021

**Kent Team:** Anna Faul, Pam Yankeelov, Tara Schapmire, & Emma Sterrett-Hong in partnership with the Trager Institute, the Department of Counseling and Human Development in the College of Education and Human Development and the School of Nursing

**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 psychology 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](http://www.tragerinstitute.org/flourish-internship)
**Funding Source:** Institute for Healthcare Improvement, Agency for Healthcare Research and Quality and Project Echo New Mexico

**Funding Period:** October 2020—September 2021

**Kent Team:** Anna Faul & Pam Yankeelov in partnership with faculty at the School of Medicine as part of the Trager Institute.

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

Funding Period: July 2019–June 2022

Kent Team: Anna Faul & Pam Yankeelov, 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 caregiver trainings based on community trainings already available via our FlourishCare training menu, a new Caregiver 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.
Funding Source: Title IIID money managed by the Kentuckiana Regional Planning Development Agency (KIPDA)

Funding Period: July 2019—June 2022

Kent Team: Anna Faul and Pam Yankeelov, in partnership 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.


**Funding Source:** Jefferson County Public Schools

**Funding Period:** 2020 - 2021

**Kent 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.
**Funding Source:** US Department of Education, Institute of Education Sciences (R32A150179)

**Funding Period:** 2016-2020

**Kent Team:** Andy Frey, Shantel Crosby, Tara Korfhage, Ally Miller, Kiersten Curry, Laura Johnson, Blake Skidmore, and part-time staff and students

**Abstract:** Disruptive behavior disorders in childhood are pervasive and associated with multiple negative long-term outcomes. While there are many randomized controlled trials for psychosocial interventions for young children both with and at risk for developing disruptive behavior disorders, relatively few are implemented in school settings and involve the teacher as the primary implementer. Further, relatively little is known about multi-component interventions, or combinations of interventions focusing on the child, teacher/classroom, and parent—particularly direct comparisons among components. The current study examined whether adding a brief, home-visitation intervention to an existing, multi-component (child and teacher components) intervention, would improve social-emotional and behavioral outcomes for young children with challenging behavior in home and school settings who required intensive support. Three hundred seventy nine teacher-parent-student triads were screened for elevated level of behavioral risk in school and home settings and then randomly assigned to school only intervention (i.e., teacher and student components), home only intervention (i.e., parent), combined, or business-as-usual control conditions. We examined baseline and posttest outcomes across prosocial behavior, problem behavior, and academic domains. The results demonstrate substantial support for the teacher and child-focused condition (First Step Next), combined (First Step Next and homeBase) conditions, and modest support for the parent-focused condition (homeBase). The study advances the literature by increasing the knowledge base related to these interventions alone and in combination, as well as the broader literature by demonstrating the potential of adding a brief parent intervention to school-based interventions focusing on teachers and/or children.
Funding Source: US Department of Education, Institute for Education Sciences (R324A1502216)

Funding Period: 2015 - 2023

Kent 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.
Funding Source: The research reported here was supported by the Institute of Education Sciences, U.S. Dept. of Education, through grant R324A150179 to the University of Louisville. The opinions expressed are those of the authors and do not represent views of the Institute or the US DOE.

Funding Period: 2019-2023

Kent 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 outcomes (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.
Parental Expressed Emotion and Suicide-Related Disclosure in Suicidal Adolescents

P.I. LAURA M. FREY

Funding Source: American Foundation for Suicide Prevention

Funding Period: October 2018–September 2021

Kent Team: Laura M. Frey, David Goldston (External Mentor), Emily Adkins, Jessica Curry, Debra Kenney, Abby Kropenske, Suzy Lancaster, Kevin Malone, Emma McFadden, Taylor Mullen, Kelsey Nash, Julie Snavder, Shannon Thomas, Maria Anderson, Katherine Philips, April Smith English

Abstract: To be able to assist someone in getting assistance for suicidal thoughts or behavior, the gatekeeper or loved one needs to know that the individual is feeling suicidal; often, one of the primary ways we know when someone is feeling suicidal is when they share or disclose that information. Nonetheless, factors such as the fear of stigmatizing or unsupportive reactions may lead some individuals to conceal their suicidal thoughts or behavior. Family members are often recipients of disclosure, yet existing family dynamics and stigma towards suicide may likely provoke unhelpful reactions. As part of a long-term research agenda to better understand how we can create a safe family environment for disclosure and to develop interventions that reduce unhelpful family dynamics that impact treatment for suicide, the purpose of this pilot study is to examine the relationships between suicide-related disclosure, expressed emotion in families, and correlates of treatment involvement for suicidal adolescents. Suicide-related disclosure—in this case, the disclosure of current suicidal ideation or behavior—will be explored as an important aspect of soliciting support and asking for help. The Specific Aims of this study are (a) to determine how rates of disclosure differ between adolescents with ideation only and those who have attempted suicide, (b) to examine whether family expressed emotion predicts how adolescents disclose suicidal thoughts or behavior, and (c) to test whether expressed emotion and disclosure have a direct effect on correlated outcomes of treatment involvement and suicidal thoughts and behaviors at follow-up.

To address these aims, at least 150 eligible adolescents will be recruited through referrals from Norton Children’s Hospital and through medical record reviews of patients currently treated at the facility. Adolescents and at least one parent per participant will complete baseline assessments within 48-72 hours of arrival to the hospital. Assessments will include a brief battery of survey instruments as well as an in-depth interview with adolescents and parents separately. Follow-up assessments including questionnaires and structured interviews will be completed at two and four months following baseline assessments. Interviews will assess follow-through with treatment recommendations, adolescent functioning, and suicide-related disclosure practices. Findings from this study will be used to develop a family-based intervention or modify existing interventions in order to target the aspects of expressed emotion that impact disclosure and treatment adherence specifically.
Funding source: Kentucky Cabinet for Health and Family Services, Kentucky Opioid Response Effort (KORE)

Funding Period: 2018-2021

Kent Team: Martin T. Hall, 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.
Building the Capacity of Kentucky’s Rural Health Clinics to Promote Prevention and Early Detection of HPV-related Cancers: An ECHO® Replication

P.I. KAREN KAYSER

Funding Source: Kentuckiana Cancer Research Foundation

Project Period: 2019-2021

Kent Team: Karen Kayser, PhD, MSW (co-PI, KSSW), Scott LaJoie, PhD, MA, MSPH (co-PI, PHIS)

Abstract: Building on a pilot of an ECHO® Project that was completed in 2019, the aim of this second study is to develop and assess the effectiveness of the ECHO® model for the prevention, detection, and treatment of Human Papillomavirus (HPV) cancers in rural communities in western Kentucky. HPV cancers include cancers of the cervix, vagina, vulva, anus, penis, and oropharynx (mouth and throat). By incorporating the relevant medical and dental disciplines, this ECHO will provide participating FQHCs with the knowledge to prevent and detect early HPV-related cancers. Ultimately, prevention and early detection will lead to far fewer patients needing care that is outside of their reach.
Funding Source: University of Louisville, Social Justice Consortium

Project Period: 2019-2020

Kent Team: Karen Kayser, PhD, MSW (co-PI, KSSW), Scott LaJoie, PhD, MA, MSPH (co-PI, PHIS)

Abstract: Working with the West Louisville community, the overall goal of this study is to create a health communication campaign, told in the “voices” of African American teens, to increase the uptake of the HPV vaccination. Funding from the Social Justice Consortium at the University of Louisville supports the implementation of a health promotion project to address and reduce racial and socio-economic disparities in high-risk HPV infections. Increasing the rates of Black teens who are vaccinated against high-risk types of HPV may eliminate disparities in new cases of cancer in adulthood. Prior work has helped us to understand attitudes and perceived barriers to vaccination among adults.
In April, 2020, Dr. Kayser and a clinical research team at the University of Louisville developed and implemented a series of six weekly tele-mentoring sessions for medical and psychosocial care providers throughout Kentucky to address the challenges presented as a result of the novel coronavirus pandemic. Based on the ECHO® model and supported by the Kentuckiana Cancer Research Foundation, they were able to rapidly respond to the need of providers to learn practices in infection control, tele-health, ethical considerations, palliative care, and provider self-care.
With health disparities emerging during the COVID pandemic and simultaneously occurrences of police brutality, there has been increased awareness of the systemic racism that infiltrates the nation’s communities of color. In particular, recent cases of police brutality witnessed by cities such as Louisville, have heightened the vigilance of families raising children of color. African American or Black parents may no longer feel that it is safe for their children to play in the parks or walk in the streets of their neighborhoods.

Dr. Kayser and her KSSW colleague, Dr. Lesley Harris, along with Public Health colleagues have partnered with Bridges of Hope Neighborhood Place in West Louisville to learn about the life experience of Black caregiving women who are challenged by racism as they are raising their children who are also exposed to racial discrimination. Using the photovoice method, the project participants document their perceptions of racism, caregiving, and resilience through the use of photography and meet to share their perceptions and identify a social change goal. This project is based on the tenets of community-based participatory action research and is supported by a grant from UofL’s Cooperative Consortium for Transdisciplinary Social Justice Research.
Role Assessment of Pediatric Oncology Palliative Social Workers

P.I. ALYSSA MIDDLETON

Funding Source: American Cancer Society

Funding Period: 7/01/2018 – 6/30/2020

Kent Team: Alyssa Middleton, Barbara Head, Tara Schapmire, Karen Kayser, Lesley Harris

Abstract: Cancer remains the leading non-accidental cause of death for children in the United States. According to the American Cancer Society, in 2017, 15,270 children aged 19 and under were diagnosed with cancer, and 1,790 died of cancer. Many more will struggle with their diagnosis both during and long after treatment has ended. It is important for these children and their families to have a compassionate, competent and well-trained team of health professionals providing care. The National Consensus Project on Quality Palliative Care states that social workers should always be part of palliative care teams, which provide care to reduce suffering and enhance the quality of life, regardless of the outcome of treatment. Palliative care teams work alongside primary care teams, and a social worker’s role is to provide support, advocate for the patient and family members, assist in reducing symptoms and discussing grief, bereavement and end of life care and plans.

Oncology social workers require specialized skills and training in a number of areas in order to provide the best care for pediatric patients and their families. Being comfortable having conversations about death and dying, understanding the cancer diagnosis along with pain and symptom management, and advocating for the patient and family’s wishes all while being sensitive to family dynamics, cultural traditions and spiritual beliefs are skills that are critical, but not often taught. Social workers have reported feeling unprepared for their work with the seriously ill and dying and noted that master’s level training and continuing education options in this area were insufficient. Studies have shown few training programs for social workers in end of life care exist, and experts recommend the development of these types of training, both in undergraduate and graduate programs as well as continuing education. Since that time, end of life care certificate programs have been developed, but few are social work specific and none focus specifically on children. Also lacking is feedback from oncology social workers about what they need or want in order to best prepare them for and support them in their work in pediatric palliative care.

This study will assess the role of pediatric oncology social workers. Specifically, (a) identifying the core tasks, knowledge and skill sets that are essential for pediatric palliative care practice, (b) conducting a job analysis survey of pediatric oncology palliative social work, (c) developing an outline of skills and knowledge needed for a pediatric palliative social worker and (d) identifying gaps in social work education and on the job training. Data collected will delineate the skills and knowledge needed for the practice of pediatric oncology palliative care. The information will guide the development of competencies and curriculum to enable social workers to provide quality palliative care services to children with cancer and their families.
**Funding Source:** Kentucky Children’s Justice Act Task Force Grant ($100,000)

**Funding Period:** 2018-2020

**Kent Team:** Dr. Jennifer Middleton serves as the Principal Investigator and Rianna Ayala and Emily Edwards are the Research Assistants for the project.

**Abstract:** Project PIVOT represents a new partnership (consortium) among the Kentucky Department for Community Based Services (DCBS), University of Louisville, Kentucky Office of the Attorney General and others including the Kentucky Association of Sexual Assault Programs, Kentucky Association of Children’s Advocacy Centers and the Catholic Charities Human Trafficking Program to name a few. The consortium will partner to improve the ability to identify child welfare-involved sex trafficking victims in Kentucky and to promote safety, permanency, and well-being outcomes for children who have been the victims of sex trafficking. The overall goal of the PIVOT project is two-fold: 1) to increase awareness of the issue of human trafficking within the child welfare population; and 2) to improve the ability of systems to appropriately and effectively respond to human trafficking within the child welfare population, in a manner which limits additional trauma to the child victim. In order to inform the work of the project, the PIVOT research team will conduct a comprehensive case file review of the 582 child trafficking cases reported to DCBS from 2013-2018 in order to answer the primary question: What happens to child trafficking cases in the child welfare system? In addition, Project PIVOT will develop and implement the new Trafficking Policy Advisory Council (TPAC), which will include service providers for homeless/runaway youth and school personnel along with law enforcement, juvenile probation/parole and detention program staff, social service providers and group homes/foster homes/residential treatment programs. The goals of the TPAC are: 1) to create cross-agency interactions and facilitate better communication related to child trafficking cases, 2) increase the knowledge of state-level agency personnel regarding child trafficking, 3) create a unique mix of law enforcement, service providers, child welfare workers, juvenile justice providers, school providers and providers for homeless and runaway youth to: a) better understand the role of each service provider related to trafficking victims within the Kentucky child welfare system, b) work collaboratively to close gaps in services for child trafficking victims, and c) to increase collaboration on specific cases that are shared between agencies. Upon completion of the project, findings and recommendations of the TPAC will be shared with key legislators, the Office of the Governor, and the Commissioners.
Creating a Trauma Resilient Community in Louisville, Kentucky

P.I. JENNIFER MIDDLETON, SHANTEL CROSBY

Funding Source: Substance Abuse and Mental Health Services Administration ($5,000,000)

Funding Period: 2018-2023

Kent Team: Drs. Jennifer Middleton and Shantel Crosby serve as the Principal Investigators; Robin Cook is the Research Manager.

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 responder, 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.

This project is managed by the Mayor’s Office for Safe and Healthy Neighborhoods. The University of Louisville’s Kent School of Social Work will oversee implementation of the Trauma Resilient Communities Model and evaluation of the project. Additional partners include: the National Center for Trauma Resilient Communities, Seven Counties of Kentucky, and the Collective Care Center at Spaulding University.
Funding Source: Kentucky Children’s Justice Act Task Force Grant ($40,000)

Funding Period: 2020-2021

Kent Team: Dr. Jennifer Middleton serves as the Principal Investigator and will oversee all research and evaluation activities for the project. This project is in partnership with Survivors’ Corner.

Abstract: The goal of the Cultivating Youth Resilience Project is to develop new web-based, synchronous trauma-informed curriculum segregated into separate learning modules to enhance the handling of child abuse cases in a manner which minimizes additional harm to victims and their families. These modules will be based on understanding the physical, emotional, and psychological impact of child abuse on the child victim and their families, the predictive health and socioeconomic factors of adverse childhood experiences, tools and techniques for promoting resilience when abuse has been disclosed, and effectively managing child abuse cases in a manner which minimizes additional harm to the child and their family. Compassion fatigue and secondary trauma will also be addressed. This curriculum development is unique in that it will be led by adult survivors of childhood abuse along with input from social service field experts. Success of the Cultivating Youth Resilience Project will be measured through piloting online training modules, and capturing data relevant to these pilots including pre- and post- knowledge assessments, material engagement surveys, and a facilitator assessment from social service professionals and survivors across Kentucky who participate in the pilots.
**Funding Source:** Domestic Trafficking Funds Grant (DTFG) through the National Children’s Alliance ($25,000)

**Funding Period:** 2020-2021

**Kent Team:** Dr. Jennifer Middleton serves as the Principal Investigator and will oversee all curriculum design. This project is in partnership with the Northern Kentucky Children’s Advocacy Center (NKYCAC) and the National Center for Trauma Resilient Communities.

**Abstract:** The goal of the Trauma Resilience Training Project is to develop new web-based, synchronous trauma-informed curriculum to NKYCAC staff and partners regarding cases involving child abuse images. The training will help child sexual abuse investigators, forensic interviewers, and first responders to combat the effects of compassion fatigue, burn-out and secondary trauma and to build resilience and a stronger staff and Multidisciplinary Team (MDT). Chronic stress and exposure to others trauma can result in burnout, compassion fatigue and secondary trauma for those in the helping professions. The idea of building trauma-resilience within the organizational structure for MDT and staff is vital. This is especially important as the number of cases involving child sexual abuse images increases, therefore exposing countless more investigators to secondary trauma. Supporting MDT and staff in this manner prevents turnover, helps build stronger cases, and provides a network of safety, self-care and resilience. In addition, this type of training for MDT will enhance communication between MDT partners and prevent burnout, which will ultimately benefit the victims served at NKYCAC. Furthermore, the psychological impact that investigating child sexual abuse imagery can have on investigators can be detrimental to their emotional health (Polak, Bailey, and Bailey, 2019). Increasing awareness and education surrounding compassion fatigue and vicarious trauma will mitigate the impact of the stress and burnout within the work environment.
**Funding Source:** Kent School of Social Work, University of Louisville

**Funding Period:** 2018-2020

**Kent Team:** Sunshine Rote, Heehyul Moon

**Abstract:** We discovered with our first round of research conducted with a local Church that dementia caregivers would like more discussion of self-care strategies. Our next step in the project is to conduct more groups with African American caregivers to discuss self-care and other factors that can alleviate caregiver burden and provide information on tangible resources available to caregivers from the Area Agency on Aging and Alzheimer’s Association. During the focus group, there will be short survey asking about knowledge about dementia, caregiving, and demographics. Since 2019, Dr. Rote and I have been working with Dr. Amy Kostelic at the Extension Office at University of Kentucky and conducting a state-wide survey on risk and protective factors services needs, and preferred service delivery methods among family caregivers of people with dementia. Findings from this study can lead to the development of culturally sensitive interventions that are appropriate and acceptable for older adults with dementia and their caregivers in KY.
Longitudinal trajectories of cognitive impairment and functional disabilities among American Indian older adults compared with White, Black and Hispanic older adults. (P30AG059295, Dr. Buchwald, PI., Dr. Rote, CoI)

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 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.
**Funding Source:** Kentucky Cabinet for Health and Family Services, through contract with Eastern Kentucky University

**Funding Period:** 2016-2017, 2017-2021

**Kent Team:** Lisa Barrett and Armon Perry

**Abstract:** The Public Child Welfare Certification Program (PCWCP) has been implemented by the Kentucky Cabinet for Health and Family Services and eleven university undergraduate social work programs in order to better serve the children and families in Kentucky.

The goal of this program is to fill the ranks of Child Welfare Workers with the most competent and well-trained workers who can provide high quality services immediately following employment. The Cabinet has partnered with the Universities to offer Bachelor Social Work juniors and seniors their academic program in conjunction with participating in the Cabinet's child welfare training curricula prior to graduation. These students are provided in-state tuition, a stipend and must complete a two year employment commitment with the Cabinet upon successful completion of the program.
Funding Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (90FK0074-01-00)

Funding Period: 2015-2020

Kent Team: Armon Perry, Becky Antle, Anita Barbee, Cheri Langley, Walter Murrah, Emma Sterrett-Hong, and Danielle Whiteside

Abstract: Father’s involvement in their children’s lives has received increased attention in recent years. In response, support has grown for responsible fatherhood programs aimed at improving the quantity and quality of fathers’ involvement. The 4 Your Child project is one such program that will go beyond traditional fatherhood programs by integrating the provision of responsible parenting, economic stability, and relationship education services to fathers at risk for paternal disengagement.

Specifically, through 4 Your Child, non-custodial fathers in Daviess, McCracken and Rowan Counties, are provided with a comprehensive, solution-oriented program featuring group based parent education and individualized case management to help them achieve financial independence, increase their parenting skills, and develop a co-parenting alliance with their children’s mother. Given that each of these focus areas have all been cited as three of the strongest predictors of paternal engagement, 4 Your Child and the results from its evaluation have significant implications for families across Kentucky, as well as practitioners, researchers, and policy makers interested in responsible fatherhood.

Preliminary Results:
- 4 Your Child participants demonstrate statistically significant increases in parenting knowledge
- 4 Your Child participants report statistically significant increases in conflict resolution skills
Funding Source: March of Dimes Kentucky

Funding Period: 2018-2021

Kent Team: Armon Perry

Abstract: This project will recruit up to 30 (15 mothers and 15 fathers) unmarried co-parenting dyads who are neither cohabitating, nor romantically involved, but are identified by Healthy Start staff as having an amicable co-parenting relationship. These co-parents will be engaged in in-depth qualitative individual interviews soliciting their experiences, perspectives and opinions about how to establish, cultivate, and maintain functional co-parenting relationships. The findings from these interviews will be used to inform future trainings with Healthy Start and March of Dimes staff who are interested in more fully engaging fathers in maternal and child health services.
**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

**Kent Team:** Armon Perry, Cheri Langley, Danielle Whiteside and William Mack

**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.
Funding Sources: University of Louisville Office of the Executive Vice President for Research and Innovation Research Grant Type I., Raymond A. Kent School of Social Work Seed Grant

Funding Period: 2018-2021

Kent Team: Stephanie Grace Prost, Seana Golder, and Adrian Archuleta

Partners: Kentucky Department of Corrections (KYDOC) Divisions of Adult Institutions and Re-entry Service

Abstract: A large and increasing proportion of older adults are incarcerated in prisons and concomitant social and economic costs warrant research exploring the experiences of these persons to support their needs during incarceration and upon reentry. The current study aims to identify and describe the 1) Health, quality of life, and justice-related experiences of incarcerated older adults and the 2) Strengths and barriers of programming and services for incarcerated older adults in the KYDOC using a mixed-method, longitudinal design. Cross-sectional primary data were collected via surveys, focus groups, and small group interviews and secondary data are secured by reviewing medical and offender management system records.

Preliminary results from surveys and administrative data:
- Older adults incarcerated in Kentucky prisons were more often while males and roughly 55 years old and sentenced to 29 years, likely to return to their communities between their 75th and 85th birthdays.
- Over one-quarter (26%) of the sample is serving a sentence of life, virtual life (50+ years), or death—a rate exceeding that reported in a national sample of persons who are incarcerated (13.9%; Nellis, 2017).
- Veterans were overrepresented: 20% of responding older adults were veterans of the U.S. Armed Forces—more than double the proportion in a national sample of persons who were incarcerated (8%; Bronson, Carson, Noonan, & Berzofsky, 2015).
- Older adults reported having an average 3.4 chronic health conditions and over 90% reported at least one chronic condition, 68% reported having two or more chronic conditions, and 31% reported having 5 or more chronic conditions.
- Over one-third (34%) reported symptomology associated with moderate depression and 17% reported symptoms associated with severe depression.
- Over one-third (35%) had clinical levels of PTSD with many reporting experiencing directly physical assault, transportation accidents, having been assaulted with a weapon, and enduring life-threatening illness or injury during their lives.
The Relationship between Visitation and Health in Older Adults who are Incarcerated

P.I. STEPHANIE PROST

Funding Sources: National Institutes of Health, National Institute on Aging, Aging Research in Criminal Justice & Health (ARCH) Network

Funding Period: 2020-2021

Kent Team: Stephanie Grace Prost

Partners: Kentucky Department of Corrections (KYDOC) Divisions of Adult Institutions and Re-entry Services

Abstract: Health is an essential component of successful aging. However, little is known regarding the unique prison-related drivers of health among older adults who are incarcerated. The current study seeks to explore the relationship between visitation and health (visitation-health relationship)—and the moderating influence of race—among older adults incarcerated in prison to enhance health and social outcomes in this population via evidence-informed correctional policy and praxis revision. Learn more at https://archnetwork.ucsf.edu/

Preliminary Results:
- Over 70% of all older adults in the sample received zero visits during their current incarceration, roughly 13 years.
- A positive relationship was found between mental and physical health measures at the bivariate level.
- White older adults received 10 times as many visits during their incarceration and their annual visitation rate was 22 times that of their non-white peers (Hedge’s g range: .23 to .40).
- Increased visitation was associated with a significant increase in mental health and physical functioning for white older adults. In contrast, non-white older adults experienced a significant decrease in physical functioning as visitation increased. Visitation-health relationships differ in magnitude between non-white and white older adult subgroups (z-score range: -3.14 to -2.06).
- In both planned and exploratory models, visitation contributes to variation in older adults’ mental health.

This study provides initial evidence that visitation shapes mental health outcomes among older adults in prison and highlights the importance of visitation from family and friends as critical to successful aging behind bars. Coupled with bivariate findings, it is likely that visitation also contributes to older adults’ physical functioning through mental health, though structural equation modeling with larger, random samples including women is indicated.
Kent Team: Stephanie Grace Prost

Partners: Florida Institute for Family Violence Studies, CU School of Medicine, Department of Psychiatry, and University of Arkansas School of Social Work

Abstract: The health and well-being of law enforcement officers (LEOs) has only recently become a priority for the United States. The “President’s Task Force on 21st Century Policing” was created to address issues of public trust and safety and members recognize that understanding and prioritizing the well-being of LEOs is linked to community outcomes. The current study seeks to examine independent and interactive relationships among stress, trauma, adaptive and maladaptive coping, and quality of life in law enforcement officers. The study also seeks to compare self-reported quality of life in various criminal justice professions and to examine viability and factor structure of multiple short forms of the PCL-C.

Preliminary Results:
• Nearly 96% of LEOs reported experiencing at least one adverse childhood experience (ACE) and officers experienced, on average, nearly five of the thirteen possible ACEs.
• The proportion of LEOs with four or more ACEs (66.3%) was more than four times that of the U.S. general population (16%; Centers for Disease Control [CDC], April, 2020).
• Of all ACEs, LEOs more often reported exposure to community violence, household violence, emotional abuse, bullying, physical abuse, and parental separation during childhood.
• Nearly 70% of LEOs grew up in a home where another household member was treated violently—a rate more than twice parallel proportions of lifetime exposure to family violence at the national level (~26%; Hamby, Finkelhor, Turner, & Ormrod, 2011).
• Measures of post-traumatic stress and hazardous alcohol use were somewhat lower than findings reported with other LEO samples.
• Officers reported critical incidents were the most common stressor, followed by work-home conflicts, departmental politics, and daily hassles.
• Results of the hierarchical linear model indicate that as ACEs increased, so too, does LEO work-related stress; however, the inclusion of post-traumatic stress and alcohol use blunted this relationship.

This study provides a foundation for understanding relationships between ACEs, mental and behavioral health sequelae, and officers’ work-related stress; specifically, childhood adversity likely contributes to mental and behavioral health sequelae, and each account for variation in LEO work-related stress. Research that contributes to our understanding of officer well-being supports not only officers, but also communities. Thus, future research that examines pathways between early childhood adversity, work-related stressors, and professional outcomes such as burnout, attrition, promotion, and officer-perpetrated violence is essential.
Dementia and Physical Disablement Processes among Aging Latinos

P.I. SUNSHINE ROTE

Funding Source: National Institutes of Health, National Institute on Aging, R03

Funding Period: 2018-2021

Kent Team: Dr. Sunshine Rote, PI and her external collaborator Jacqueline Angel

Abstract: The Latino population is rapidly aging and by 2050 will represent over 20% of the older adult population in the U.S. At the same time, the burden of dementia in the older Latino population is expected to increase from around 200,000 cases in 2000 to as many as 1.3 million cases in 2050, with many more suffering from milder degrees of cognitive impairment. A further stress on the Latino and specifically Mexican-origin population is high poverty rates. Close to 27% of older Mexican Americans in the U.S. live below the poverty line which is over double the rate for older adults in general (Administration for Community Living, 2014). Disparities in dementia raise serious public health concerns; yet, there have been surprisingly few longitudinal studies on the role of dementia and cognitive impairment for physical disablement processes in the Mexican-origin population. Understanding how dementia shapes physical disablement pathways and identifying factors that slow down or speed up disablement will lead to a better understanding at which point geriatric public health intervention is most needed. We propose to employ a longitudinal cohort study of 3,050 older Mexican-origin individuals the 1993/94-2016/17 Hispanic Established Populations for the Epidemiologic Studies of the Elderly (H-EPESE). First, we will use nine waves of survey data to 1) describe the long-term patterns of dementia and cognitive impairment for a prospective cohort of older Mexican Americans. Growth Mixture Modeling (GMM) is used for this part of the analysis. Then, we will 2) estimate the role of dementia and cognitive impairment for changes in physical disablement processes over twenty years of study data. Finally, we will 3) assess differences in dementia-related physical disablement within the group by gender, socioeconomic status, and sociocultural factors. The proposed research will lead to a better understanding of long-term health change for Mexican Americans in late life and an estimation of how many Mexican Americans with dementia need support in late life. Ultimately, our objective is to develop and evaluate a new empirical model to describe long-term patterns of dementia for physical disablement processes that can be replicated with other segments of the aging population to determine the extent of need for specialized long-term support services.
**Funding Source:** Office of Refugee Resettlement (ORR), U.S. Department of Health and Human Services (DHHS)

**Funding Period:** 2019-2022

**Kent Team:** Bibhuti Sar, Adrian Archuleta, Jim Guinn

**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)

P.I. BIBHUTI SAR

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

**Funding Period:** 2016-2021

**Kent Team:** Bibhuti K. Sar, PhD; Adrian Archuleta, PhD; Anita Barbee, PhD; Becky Antle, PhD; Jennifer Middleton, Melissa King, MEd; Gwen Hutchinson, MSW

**Abstract:** Metro Louisville’s Center for Promotion of Recovery and Resilience (CPRR) will utilize a comprehensive, community based approach consisting of 1) 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.
Credit for Learning Program

P.I. BIBHUTI SAR

Funding Source: Funding Source: U.S. Department of Health and Human Services (DHHS), Title IV-E funding to Eastern Kentucky University

Funding Period: 2019-2020

Kent Team: Bibhuti K. Sar, PhD, Lisa Barrett, CSW, Kim Wadlington, LCSW, Emily Kennel, MSSW, Katie Price, BA

Abstract: The Credit for Learning Program (CFLP) is an innovative partnership between the Kentucky Cabinet for Health and Human Services, University of Louisville, University of Kentucky, Western Kentucky University, and Eastern Kentucky University to enhance the professional development of public child welfare workers in the Commonwealth of Kentucky. This program offers new and tenured protection and permanency workers the opportunity to take graduate social work courses and earn graduate-level credit as non-degree graduate students while fulfilling the professional development requirements for employment. A teaching team consisting of a university instructor and trainer utilizes a combination of face-to-face (lecture, group discussion, exercises, video and audiotapes) and online sessions (Blackboard) to deliver the courses. Process and outcome evaluations are ongoing to assess knowledge transfer by frontline child welfare workers into their work of protecting children from maltreatment.
Youth Mental Health First Aid Training for Allied Professionals

P.I. BIBHUTI SAR

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

**Funding Period:** 2018-2021

**Kent 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 problems 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.
Integrated Care for Persons with Co-Occurring Disorders

P.I. BIBHUTI SAR

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

**Funding Period:** 2020-2025

**Kent Team:** Bibhuti K. Sar, PhD; Martin Hall, 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.
**Quality Improvement Initiative Using Clinical Practice Guidelines**

**P.I. BETTY SHIELS**

**Funding Sources:** Alabama Medicaid Agency, Georgia Department of Community Health, Grant #16051G; Kentucky Cabinet for Health and Family Services, Grant # P02 723 1600004042 1; Mississippi Department of Health, Division of Medicaid, South Carolina Department of Health and Human Services and State of Florida, Agency for Health Care Administration; CMS Project Numbers: Alabama 2015-04-AL-UOL-0303; Florida 2015-04-FL-UOL-0303; Georgia 2015-04-GA-UOL-0303; Kentucky 2015-04-KY-UOL-0303; Mississippi 2015-04-MS-UOL-0303; South Carolina 2015-04-SC-UOL-0303

**Funding Period:** June 30, 2015—September 30, 2017 (AL, GA, KY, MS, SC) November 1, 2017—December 31, 2020 (FL)

**Kent Team:** Betty Shiels, Diana Jester, Jim Guinn and Brenda Williams, in collaboration with the UofL Medical School Continuing Education and Professional Development Program

**Abstract:** The goal of this project is to improve the quality of care of nursing home residents in six Southeastern states by increasing the knowledge and skills of certified nursing home health care professionals and direct care staff in the access to and application of the most current clinical practices as well as key stakeholders across the six participating states. Six states in CMS Region IV have identified the need to increase skills and knowledge of health care professionals and direct care staff in the 1,944 certified nursing homes in Alabama, Florida, Georgia, Kentucky, Mississippi and South Carolina. All six states have recorded improved performance on a variety of CMS quality measures. AMDA – The Society for Post-Acute and Long-Term Care Medicine is a leading provider of clinical curriculum development for medical providers and physician assistants in the United States. Their Clinical Practice Guidelines (CPGs) are published for AMDA members and are used to implement this project through a password-protected website made available at no charge to the participating nursing homes.

This project provides 1,944 certified nursing homes access to the AMDA CPGs in six states in CMS Region IV through a password-protected website developed and managed by the University of Louisville, Kent School of Social Work. The website is available exclusively in the six states and to key stakeholders. CPGs cover twenty clinical conditions ranging from Urinary Tract Infections to Pain Management to Diabetes among eighteen other topics. Additional resources from AMDA include a series of templates for CNA and nursing staff to identify changes in resident condition and communicate the changes in an effective, concise manner to physicians to expedite diagnosis and/or treatment recommendations, thereby improving quality of care to the resident and lessening the need for hospitalizations; Availability of all CPGs and other AMDA resources are provided at no charge to direct care CNH staff and health care professionals thus offering cost-effective staff training resources leading to improved health care delivery; Further dissemination of clinical best practices, and professional development materials are available on the website to key stakeholders including State survey staff, LTC Ombudsman programs, Region IV Federal survey staff and Quality Improvement Organizations in the six states. Further, Continuing Education credits are also available to three professions working in long term care: Medicine, Nursing, Social Work and Nutritionists/Dieticians.
Funding Source: U.S. Department of Health and Human Services, Office of Assistant Secretary for Preparedness and Response, and the Center for Disease Control, through the Kentucky Department of Public Health

Funding Period: 2016-2020

Kent Team: Betty Shiels, Diana Jester, Jim Guinn and Brenda Williams

Abstract: The Kentucky Emergency Preparedness for Aging and Long Term Care (LTC) Program develops emergency preparedness tools for and provides training to licensed nursing homes’ staff and organizations serving vulnerable elders across KY. Program staff serve on the KY Hospital Preparedness Program regional coalitions for issues of concern to long term care and functional and access needs populations. During times of emergencies, program staff also support the KY Department for Public Health Preparedness Branch and ESF # 8 by providing technical assistance on behalf of long term care and serving as a resource to the State health Operations Center.

Program partners include:
• KY Department for Public Health Preparedness Branch
• KY Hospital Association
• KY Division of Emergency Management
• KY Office of Inspector General
• KY Community Crisis and Response board (KCCRB)
• KY Board of Emergency Medical Services
• KY LTC Ombudsman Program

The KY LTC Emergency Preparedness Manual was developed as a template for nursing homes in Kentucky to establish planning or augment existing emergency preparedness plans. It includes a crosswalk to existing emergency preparedness recommendations for nursing homes made by the Centers for Medicaid and Medicare Services. Additional information is developed as new events occur in Kentucky and new areas of emphasis emerge, such as medical surge planning and transportation planning.
Funding Source: National Institute of Mental Health 1R21MH119004-01A1

Funding Period: August 1, 2019- June 30, 2021

Kent Team: Dr. Emma Sterrett-Hong

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.
Louisville Youth Development Workers Needs Assessment Project

P.I. ANDREW M. WINTERS

Funding Source: Kent School of Social Work Research Pilot/Seed Grant Funding

Funding Period: 2018-2020

Kent Team: Andrew M. Winters, Ph.D., Rebecka Bloomer, MSSW, CSW, in partnership with Aishia A. Brown, Ph.D. with the University of Louisville Department of Health Promotion and Behavioral Sciences in the School of Public Health and Information Sciences

Abstract: The purpose of the Louisville youth development workers needs assessment project is to explore challenges faced by youth development workers, describe the professional needs of youth development workers, and construct a theoretical framework for working with youth development workers. The central research question is: How do youth development workers in Louisville describe their professional challenges and needs? To answer this research question, the project team will use in-depth interviews with youth development workers in partnership with the Louisville Metro Government Office of Youth Development. This project is innovative in the following ways:

- Engaging a population of community members who have the power to influence the well-being of youth
- Creating a strategic process to assess the professional needs of youth development workers that can be replicated in other communities
- Creating a theoretical framework for working with youth development workers, a critical need in youth development research and practice

In year one of the project, 19 youth workers in the Louisville Kentucky area were interviewed. Utilizing grounded theory analysis techniques, interviews were coded for youth development worker challenges and needs. The most prevalent initial themes that emerged for youth worker challenges are organizational value and youth behavior. The most prevalent themes for youth worker needs are managing difficult behavior, trainings around programmatic structure, and professionalization of the youth worker role. In year two, the research team will conduct a second round of interviews with youth development workers in the Louisville, Kentucky area to clarify emerging themes and construct a theoretical framework for working with youth development workers.

The research team will utilize the data from this project to support a grant proposal to the National Institute of Health (NIH), Community Partnerships to Advance Research.
UNIVERSITY-WIDE COLLABORATIVE RESEARCH
Transforming Learning Communities: A Multiyear Project Supporting Teachers of Adolescents

Kent Team: Dr. Shantel Crosby collaborating with faculty from the College of Education and Human Development and Jefferson County Public Schools

Abstract: Approaches to classroom management, including those in teacher education, are often reductionist, color blind, and ineffective in diverse classrooms. Importantly, classroom management is a significant concern among preservice (Pereira & Gates, 2013) and practicing teachers (Milner Tenore, 2010). Other factors contribute to classroom management styles that negatively impact diverse students, creating conditions that contribute to disproportional discipline practices and perpetuate the school to prison pipeline (Raible and Irizarry, 2010). These include teachers’ views about students and their beliefs about (Martin & Sass, 2010) and reliance on policies such as Zero Tolerance and police as school resource officers (American Civil Liberties Union, 2008). To address these concerns this multiyear project includes transdisciplinary professional development and research in order to reach “across disciplines, colleges, and beyond academia” (CCTSJR CFP, 2017) in support of preservice teacher development of trauma-informed practices using intersectional, humanistic, supportive, community based approaches (Watson & Battistich, 2006).

African American Older Adults Living with HIV: Exploring Stress, Stigma, and Engagement in HIV Care

Kent Team: Dr. Lesley Harris in collaboration with faculty from the School of Public Health and Information Science and the School of Nursing

Abstract: The purpose of this mixed methods study is to examine the effects of stigma and perceived stress on engagement in care for older African Americans living with Human Immunodeficiency Virus (HIV). With the major advances in HIV treatment, HIV has become more of an acute than chronic disease. This transition has led to the lifelong need for medical care and therefore, proper engagement in care is essential for individuals living with HIV. Individuals who are engaged in care are more likely to initiate antiretroviral therapy early, adhere to their medications, and have better health outcomes compared to those who are not engaged in care (Mugavero, 2013). As the population living with HIV ages, it is critical to understand factors that facilitate or pose barriers to recommended care-engagement, particularly race, stigma, and stress. As African Americans are the racial/ethnic group most affected by HIV (CDC, 2013), this study aims to develop a greater understanding of the needs of older African American adults living with HIV/AIDS in Louisville, Kentucky. In addition, we will examine how stigma and stress may impact their engagement in health care. This study will be guided by the Comprehensive Health Seeking and Coping Paradigm (CHSCP; Nyamathi, 1989) which posits that personal and environmental factors combined with one’s cognitive appraisal of their situation can influence health care compliance and health seeking behavior.
The Feasibility of a Ball & Drag Show to Recruit LGBT People of Color into an
On-line Substance Use Intervention Study

Kent Team: Drs. Emma Sterrett-Hong and Maurice Gattis in collaboration with faculty from the School of Public
Health and Information Science and the Department of Women and Gender Studies/Pan African Studies

Abstract: This project is a continuation of an on-going partnership between the research team and members of
the Ball and Drag scenes in Louisville. Through our first community-based photovoice study, fund- ed by the Col-
laborative Consortium for Transdisciplinary Social Justice Research (CCTSJR), we learned that members of the
Ball and Drag communities, rather than wishing to seek help from larger institutions or individuals outside the
community, believe there is a need for greater organizing and collaboration across and within the Ball and eth-
nic minority Drag scenes. Based on their assessment of the problems and suggested solutions, the current pro-
ject, also funded by the CCTSJR, seeks to continue one initiative already underway as a result of the partner-
ship, a transgender and non-binary people of color community group, and to develop and implement a new ini-
tiative, a combined Ball and Drag show focused on healthy lifestyle choices. Informed by the current research
literature, the study is examining the feasibility of utilizing a performance event to recruit LGBT people of color
into an online heath intervention and study, and also will provide descriptive data regarding substance use and
mental health symptoms among members of these communities.

Promoting Cervical Cancer Screening and HPV Vaccination among African American Women

Kent Team: Karen Kayser, PhD, MSW (co-PI, KSSW), Scott LaJoie, PhD, MA, MSPH (co-PI, PHIS)

Abstract: Working with the West Louisville community, the overall goal of this study is to create a health
communication campaign, told in the “voices” of African American teens, to increase the uptake of the HPV vac-
cination. Funding from the Social Justice Consortium at the University of Louisville supports the implementation
of a health promotion project to address and reduce racial and socio-economic disparities in high-risk HPV in-
fections. Increasing the rates of Black teens who are vaccinated against high-risk types of HPV may eliminate
disparities in new cases of cancer in adulthood. Prior work has helped us to under- stand attitudes and per-
ceived barriers to vaccination among adults.
Project STAAR: Survivors of Trafficking Creating Art, Agency, and Resilience

Kent Team: Drs. Jennifer Middleton, Maurice Gattis and Lesley Harris collaborating with faculty from the Speed School of Engineering, the School of Medicine and the Department of Criminal Justice

Abstract: Utilizing a community-engaged, trauma-informed photovoice methodology, the research collaborative partnered to improve the ability to identify child trafficking victims in Kentucky and to promote safety and well-being outcomes for children who have been the victims of trafficking by 1) documenting and sharing the lived experience of survivors of human trafficking in Louisville through the use of photovoice methods, 2) engaging survivors in critical conversations surrounding personal and community issues in order to inform research and mobilize change, 3) identifying opportunities for improved identification of victims in three research-informed contexts, technology, transportation, and LGBTQ outreach), 4) ascertaining potential gaps, systemic issues and opportunities for enhanced training and investigation, 5) building transdisciplinary cohorts of human trafficking researchers (e.g., faculty, undergraduate students, graduate students), 6) creating and promoting university-community partnerships that address trafficking, and 6) evaluating project performance, evidence of project impact and success, and contributions to knowledge base. As a result of this project, survivors of childhood sex trafficking in West Louisville developed a 22-minute silent film depicting their lived experiences. The Project STAAR film has been shown in over 24 states and 11 countries to enhance awareness of childhood sex trafficking and engage community members, advocates, survivors, and policy makers in critical conversations in order to inform research and mobilize change.

Elucidating the Stories of Wellbeing among the West Louisville Community: A Phenomenological Study

Kent Team: Dr. Emma Sterrett-Hong in collaboration with faculty from the College of Education and Human Development

Abstract: This grant application entitled, Elucidating the Stories of Wellbeing among the west Louisville Community: A Phenomenological Study outlines a research program directed toward acquiring new knowledge and understanding of culturally-relevant definitions of wellbeing. The focus of the current research study is germane to the University of Louisville’s Cooperative Consortium on Transdisciplinary Social Justice Research (CCTSJR) given its focus on alternate and under examined narratives that describe wellbeing and healthy coping of Black American adults living in west Louisville. This research is a purposeful and genuine attempt to flatten the hierarchy between university researchers and west Louisville community members. This research also is intentional in compiling a transdisciplinary team comprised of racial, ethnic, and culturally diverse minority faculty, students, and community members. Taken together, these efforts are both consonant with a social justice focus and transdisciplinary focus. The knowledge garnered from this project could enhance important positive partnerships between the university and the west Louisville community.
**Funding Source:** Executive Vice President for Health Affairs, Grants/Contracts and Endowments

**Funding Period:** 2014—current

**Abstract:** The University of Louisville Trager Institute has as its goal to be a transformative leader optimizing the way we age. We innovate the aging experience for individuals, community, and industry through leading-edge clinical practice, collaborative research, and inter-professional education.

The following faculty are employed by the Institute with a combination of Institute, grants/contracts and endowment (Smock):
Dr. Anna C. Faul, Kent School of Social Work, Executive Director – Institute, grants/contracts
Dr. Joseph D’Ambrosio, School of Medicine, Director of Innovation – Institute, grants/contracts
Dr. Christian Furman, School of Medicine, Medical Director – Institute, grants/contracts, endowment
Dr. Pamela Yankeelov, Kent School of Social Work, Director of Research – Institute, grants/contracts
Dr. Sam Cotton, School of Medicine, Geriatric Academic Career Award

Additionally, 16 faculty across campus from the School of Medicine, School of Dentistry, School of Nursing, Law School, School of Education, and School of Arts and Sciences are supported for a percentage of their effort with a combination of grants/contracts and endowments.

In the previous section, active research awards associated with the Institute and Kent School of Social Work faculty were described under Dr. Anna Faul as the PI. All these projects focus on interdisciplinary collaborations between all disciplines focused on the well-being of older adults.

The Institute annually offers interdisciplinary educational opportunities within the community, for example the Optimal Aging Conference, the Clinical Retreat for Interdisciplinary Training, Optimal Aging Month, and Project ECHOS.

For more information, see: [www.tragerinstitute.org](http://www.tragerinstitute.org)
Kent Team: Drs. Jennifer Middleton, Lesley Harris, and Laura Frey, in collaboration with faculty from the Department of Criminal Justice, Speed School of Engineering, Brandeis School of Law, School of Public Health and Information Sciences, and the School of Medicine along with an array of community partners.

Abstract: The Human Trafficking Research Initiative (HTRI) is an interdisciplinary, community-engaged research partnership between faculty at the Kent School of Social Work and faculty from the Department of Criminal Justice. The Human Trafficking Research Initiative is staffed by UofL academics and researchers, as well as community research partners including law enforcement and victim service providers. Dr. Jennifer Middleton (Associate Professor, Kent School of Social Work) serves as the Director of the Initiative. The goal of the Initiative is to be a central source of research on human trafficking to inform the decisions made by those who contact victims, survivors, and perpetrators of human trafficking including law enforcement, prosecutors, educators, medical services, and social services. Research disseminated from the Initiative will significantly contribute to the knowledge base regarding human trafficking by introducing innovative research methodologies and unique partnerships in the development of new knowledge.

Current Projects:
- Project PIVOT: Prevention and Intervention of Victims of Trafficking, a 2-year, $100K grant project funded by the Kentucky Children’s Justice Act Task Force;
- Project STAAR: Survivors of Trafficking Creating Art, Agency, and Resilience, a 3-year, $75K grant funded by the UofL Consortium for Transdisciplinary Social Justice Research;
- The Trauma Resilient Community (TRC) Initiative, a 5-year, $5M SAMHSA ReCAST grant project which focuses on addressing community violence and promoting resilience in Louisville, KY;
- The Cultivating Youth Resilience Project, a 10-month, $40K grant project funded by the Kentucky Children’s Justice Act Task Force;
- The YES Study: The Youth Experiences Survey of Justice-Involved Youth in Kentuckiana; and
- Human trafficking-specific consultation on additional federally funded projects.
Kent Team: Affiliated faculty Drs. Barbara Head and Tara Schapmire are each engaged in an array of research associated with psychosocial oncology, palliative care and interprofessional education research, education and service projects.

National Cancer Institute R25 CA203637-01A1. Pfeifer & Head (Co-PIs) 03/14/17 – 02/28/22 Training in Interprofessional Education for Palliative Care in Oncology. The goal of this project is to develop a critical mass of competent equipped oncology educators skilled in the development and implementation of interprofessional education for palliative oncology care. Through faculty development webinars and materials, a train-the-trainer workshop, ongoing educational activities and mentoring by experienced interprofessional educators, 160 health science educators (representing the fields of medicine, nursing, social work and chaplaincy) from 35-50 institutions will develop the skills, knowledge and resources to overcome barriers to IPE and teach oncology palliative care and teamwork to students of multiple disciplines.

Bristol-Myers Squibb Foundation. Kentucky Lung Cancer Survivorship Program. Study (PI) 09/01/14—08/31/18. The aims of this program of research are to develop and evaluate programs for primary care providers, patients/caregivers, and lung cancer screening programs to improve lung cancer survivorship and quality of life in Kentucky and beyond.


Passport Medicaid Program. An Innovative Improved Health Outcomes Program. Pfeifer (PI) 03/01/10 – 12/15/17. The goal of this project is to fund numerous local community based projects aimed at improving health outcomes for Medicaid recipients and the uninsured.
Kent Team: Dr. Heehyul Moon, Dr. Sunshine Rote

Funding Source: National Institute on Aging to the Native Alzheimer’s Disease Resource Center for Minority Aging Research (NAD RCMAR (P30AG059295, Dr. Buchwald, PI., Dr. Rote, CoI)

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 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.
As a result of the COVID-19 pandemic, concern was raised by Domestic Violence & Sexual Assault (DV/SA) organizations regarding the safety of survivors of abuse sheltering with abusive partners and experiencing heightened isolation from support networks. Human service agencies were also forced to quickly adapt their service delivery systems to digital platforms in response to evolving client needs and shifting community landscapes. Initially, this study set out to interview participants from national DV/SA organizations to explore how these organizations were employing technology to facilitate youth from underrepresented backgrounds’ service utilization. However, because of the pandemic, we decided to augment our research aims by also exploring DV/SA providers’ perceptions of how the COVID-19 pandemic influenced survivors’ safety, and to construct knowledge regarding how organizations utilized digital technologies to respond to shifting service needs.

Across the interviews, organizational participants shared concerns regarding client safety during the pandemic that stemmed from clients living with their abusers, increased opportunities for tech abuse, heightened external DV triggers, and increased challenges accessing in-person services. In terms of heightened abuse for example, one participant shared “the forced isolation has increased. So, we are not seeing an increase of calls, what we’re seeing is an escalation of the abuse.” To respond to these challenges, DV/SA providers shifted previously in-person services to virtual formats using video conferencing software, revised pre-pandemic safety-planning practices, implemented discussions of tech safety with clients, and adapted primary prevention programming to digital formats. For example, one participant commented, “We’re very reliant on technology now. So far as client services, it is very rare that we provide in-person services...All our counseling is via video chat. Our youth programming is via video chat. All our sexual health education has been suspended until schools are ready and we’ve had to adapt to doing that in a technological way. I’d say we’re, we’re doing the best that we...We’ve pivoted really quickly, but there’s always the feeling that you’re leaving people out.” Several discussed internal discussions regarding adopting telehealth platforms, though few had done so. A small number of organizations expressed they had robust technological infrastructure before the pandemic, so they didn’t need to shift their practices significantly.

The COVID-19 pandemic has exacerbated existing inequities, including the prevalence of GBV and digital surveillance. However, the results of this study also demonstrate that the pandemic heightened opportunities for organizational learning about the potential for technology and catalyzed the uptake of such technologies for the majority of DV/SA organizations. While many of the interview participants expressed concern regarding the use of technology to facilitate abuse and compromise client confidentiality, they also acknowledged the importance of developing internal capacity to ameliorate such harms and the potential of emerging digital technologies to facilitate service utilization. As one participant stated, “a lot of people don’t feel comfortable calling a hotline. There is something very intimidating about that... So, the ability to step into the conversation and then step away when you want to, um, to not have to vocally share yourself, you know, that extra level of protection is so, so important... Having access to technology and access to the internet can be lifesaving for a lot of people.”
Kent Team: Dr. Lesley Harris collaborating with faculty from the College of Education and Human Development and Department of Fine Arts

This study explores HIV risk and resilience from the perspective of adolescents who have been orphaned by HIV/AIDS and raised by their grandparents in Northern Vietnam. Due to circumstances that challenge health equity, HIV stigma continues to create barriers in the everyday lives of families affected by HIV/AIDS, such as poverty, food insecurity, and barriers to education. We plan to investigate the challenges facing this population and the ways in which adolescents handled their trials on behalf of themselves and their families. Specifically, 1) What is the meaning of HIV risk in families affected by HIV/AIDS in Vietnam? 2) What does it mean to be resilient under these circumstances? 3) What relationships did the adolescents develop and how were they used to help address these challenges? Through an innovative method that combines photovoice and social network analysis, we propose to collect data during three different phases of the project. The first two phases involve the collection of demographic data from surveys and qualitative data from photo elicitation focus groups with the adolescents. The data gathered from phase one and two will be displayed at advocacy-art exhibitions during phase three, where the audience members who attend the event will be surveyed about how the exhibited space and ways of installation enhanced their understanding of HIV risk and resilience for adolescents in Vietnam. We will disseminate our findings through adolescent-led community engagement efforts in both South-East Asia and the United States with the goal of creating social change.
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