

RAYMOND A. KENT
SCHOOL OF SOCIAL
WORK & FAMILY SCIENCE

A stylized, light-colored illustration of a university building with a prominent ramp and several trees, set against a red background. The building has multiple windows and a central entrance with a small canopy. The ramp leads up to the entrance. The trees are simple, rounded shapes in shades of green.

RESEARCH DIRECTORY 2022

UNIVERSITY OF
LOUISVILLE[®]

Executive Summary

The University of Louisville is a premier, metropolitan research and community-engaged institution. The faculty at the [Kent School of Social Work and Family Science](#) exemplify this designation and conduct research and scholarship that aims to increase equity, inclusivity, and justice, both in our local community and globally. We are actively examining strategies to improve quality of life and well-being among individuals, families, groups, organizations, communities, and society.

Kent School faculty are examining a variety of [innovative and significant topics](#) including training and provision of evidence-based mental health treatments in usual care settings; novel models of integrating and delivering substance use and child welfare services; systems- and community-level interventions, such as in the child welfare, education, criminal-legal, mental health, disability, intimate partner violence, healthcare, and other social service systems; healthcare engagement to prevent and treat chronic medical conditions; global and international social justice research; healthy aging in racially minoritized communities; effective pedagogical strategies in social work and couple & family therapy; arts-based health interventions; and community-empowerment and participatory action research. The Kent School's scholarship continues to reflect our dedication to becoming [anti-oppressive](#) and [anti-racist](#). For example, our faculty have published on [integrating anti-racist initiatives and promoting racial equity into the child welfare system](#), [decolonizing mental health care](#), [establishing models for creating trauma resilient communities and organizations](#), and [addressing anti-Black racism through social work curriculum](#).

In 2022, our faculty continued to develop collaborative partnerships and obtain support from state and federal agencies, as well as private foundations and internal university funds, to support research, evaluation, and programming. The Kent School's [research portfolio exceeded \\$30 million](#) across all funded projects and our faculty disseminated their work in over 100 presentations and 80 publications. What is most impressive is our faculty's dedication to a [culture of collaboration](#) and sharing in scholarly exchanges; over 30% of our peer reviewed publications in 2022 included internal collaborations with other Kent School faculty members. In the past year, our [Center for Family and Community Well-Being \(CFCWB\)](#) has expanded significantly and now includes over 30 team members comprised of full or part-time staff and student trainees. With over 60 grants and contracts, representing collaboration with 133 community partner agencies locally and across the country, the CFCWB is advancing family and community health 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.

Within this directory, you will see our research highlights, faculty profiles, current PhD students, and funded projects. These projects would not be possible without the Kent School's Research and Grants Manager, Business Center, and research staff as well as our community partners, our students, and all those who participate in this research. In this year's Research Directory, we focus on [why this work is so important](#)—to us as individuals, to the people we serve, and to the world. While there is more work to do, we are looking forward to the challenges ahead.



John W. Miller Jr., PhD
Dean



Sunshine Rote, PhD
Interim Director of Research

[2022 HIGHLIGHTS](#)

[FACULTY PROFILES](#)

[PHD STUDENTS](#)

[CURRENT PROJECTS](#)

2022 Highlights



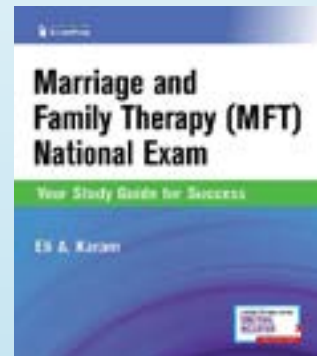
Dr. Lesley Harris Awarded NIH R01 Grant and UofL Research Award

Dr. Harris along with her collaborators including Dr. Martin Hall were awarded a five-year grant (R01) from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) at National Institutes of Health (NIH) (1R01AA030485, 2022-2026, total funding \$3.4 million). This study includes the integration of effective prevention and treatment interventions to develop an overarching framework for reducing the incidence of new infections of HIV/AIDS by facilitating cross-cutting research among populations impacted by alcohol with a range of patterns of episodic and long-term use and associated behavioral and biological risks for HIV acquisition.

Dr. Harris was also awarded the Distinguished Faculty Award for Research in Social Sciences. This university-wide award honors a faculty member who brings distinction to the university through their outstanding scholarship, research, and creative activity.

Dr. Eli Karam's Recent Book Publications

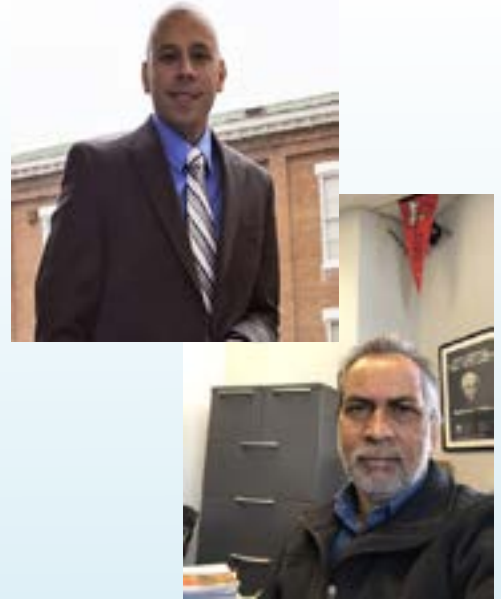
Dr. Karam's book titled "Bringing Common Factors to Life in Couple and Family Therapy" was recently published by Routledge and explores how common factors may be utilized to increase effectiveness in couple and family therapy. Through Springer Publishing, Dr. Karam also published "Marriage and Family Therapy (MFT) National Exam: Your Study Guide for Success," which covers fundamental knowledge and effective test-taking strategies for beginner MFT studying to take the national licensure exam.





Drs. Sar and Archuleta Awarded ACF Grant

Drs. Bibhuti Sar and Adrian Archuleta were awarded a grant from the Administration for Children & Families at the Department of Health & Human Services (DHHS, 90ZZ0005-01-00, 2023-2026, total funding \$1.5 million). This crucial funding will provide ASA-eligible Afghan arrivals an integrated set of medical, mental health, legal, and social services to help heal from the long-lasting effects of combat-related trauma and promote their physical, social, and emotional wellbeing through the Supporting Transition of Afghans into Resettlement (STAR) program in partnership with Family Health Centers (FHC) in Louisville and KY STEPS Behavioral Health Services in Bowling Green.



Dr. Hall's studies reviewed by the Title IV-E Prevention Services Clearinghouse

Dr. Martin T. Hall's studies on the Sobriety Treatment and Recovery Teams (START) intervention, which aims to improve outcomes for families involved in the child welfare system with a parent living with a substance use disorder, were reviewed by the [Title IV-E Prevention Services Clearinghouse](#). Dr. Hall was involved with or co-author of six of the seven studies that led to START's rating as a supported practice for improving child, parent, and family outcomes, which means that jurisdictions can use Title IV-E funds to implement the program.



Faculty Profiles

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BECKY F. ANTLE

Professor
University Scholar
Director, Center for Family and Community Well-Being

PhD in Social Work
University of Louisville
University of Kentucky

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Antle

Highlighted Publications

Barbee, A. P., Cunningham, M. R., Antle, B. F., Langley, C., & Purdy, L. (2022). Romantic relationship and pregnancy dynamics among adolescent African Americans and refugees living in the United States. *Personal Relationships*.

Wright, J., Eells, T., Owen, J., Antle, B., Bishop, L., Girdler, R., Harris, L, Wright. R., Wells, M. Gopalraj, R., Pendleton, M.E., & Ali, S., (2022). Effectiveness of Computer-assisted Cognitive-behavior Therapy for Depression in Primary Care. *JAMA Network Open*.

Verbist, A.N., Winters, A.M., Antle, B.F., & Collins-Camargo, C. (2022). The Relationship Between Treatment Prescription and Standardized Assessment for Youth with Identified Trauma, Behavior Problems, or Substance Use. Advance online publication. *Journal of Emotional and Behavioral Disorders*. <https://doi.org/10.1177/106342662210764>

Antle, B.F., Harris, L.M., Wright, J., Eels, T., Logsdon, A., Williams, S.M., Katz, R., Cappicce, A., & Owen, J. (2022). Barriers to Implementation of a Technology Based Mental Health Intervention in a Rural Setting. *Contemporary Rural Social Work Journal*.

Barbee, A. P., Cunningham, M. R., Antle, B. F., Langley, C. N. (2022). Impact of a relationship-based intervention, Love Notes, on teen pregnancy prevention. *Family Relations*.

Logsdon, A., Antle, B.F., & Kamer, C. (2022). Family Treatment Drug Court Cost Analysis: An In Depth Look at the Cost and Savings of a Southeastern Family Treatment Drug Court. *Child Welfare*.

Winters, A.M. Verbist, A.N., Antle, B.F., Collins_Camargo, C., Logsdon, A.R., & Purdy, L. (2022). Prevalence and predictors of prescription of family focused treatment in child welfare. *Developmental Child Welfare*, 0, 1-15.



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



Google Scholar

Read more about Dr. Antle's work here.

ADRIAN J. ARCHULETA

Associate Professor

PhD in Social Work
Florida State University

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

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

I actually started my life in a completely different part of the United States. I actually grew up in Las Cruces, NM, where it is predominately LatinX. So I went from this kind of environment where my culture was everywhere. I ended up moving from Las Cruces, NM to Franklin, TN. It felt like I had moved to another country. There was no one around me that was like me. No one had context for my culture. I really set out to understand what was it that was transpiring in groups of individuals that allowed them to avoid or to navigate that system and be successful. And I ended up landing on issues of acculturation and looking and trying to understand the extent to which culture really served as capital.

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Archuleta

Highlighted Publication

Archuleta, A. J. & *Nuñez, S. C. (2023). It's mostly relative: Social capital characteristics in stress and support networks among Latinx young adults. SN Social Sciences. doi.org/10.1007/s43545-023-00646-2

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

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

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



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



Read more about Dr. Archuleta's work here.

Google Scholar

ANITA P. BARBEE

Professor
Distinguished University Scholar
PhD Program Director

PhD in Social Psychology
University of Georgia

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

Dr. Barbee

Highlighted Publications

Melz, H., Richards, T., Sun, J., Masters, L. D., & Barbee, A. P., (in press). Connecting capacity building services to implementation and capacity building outcomes in child welfare jurisdictions. *Journal of Public Child Welfare*.

Boamah, D., Barbee, A. P., & Cunningham, M. R. (2022). Risk and Protective Factors of Secondary Traumatic Stress among Direct Support Professionals working with Adults with Intellectual or Developmental Disabilities. *Traumatology*.

Barbee, A. P., Cunningham, M. R., Antle, B. F., Langley, C. N. (2022). Impact of a relationship-based intervention, Love Notes, on teen pregnancy prevention. *Family Relations*.

Cunningham, M. R., Druen, P. B., Logsdon, M. C., Dreschler, B. W., Barbee, A. P., Carrico, R. L., Billings, S., & Jones, J. W. (2022). COVID-19 behavioral health mindset, vaccination receptivity, customer service mindset and volunteering to help provide vaccinations. *Frontiers in Psychology*.

Barbee, A. P., Winters, A., & Sterrett-Hong, E. (2022). Approaches from related fields to integrate into anti-racist initiatives in child welfare. *Child Welfare Special Issue: Transforming Child Welfare Through Anti-Racist Approaches*, 100(1), 1-28.

*Boamah, D., & Barbee, A. P. (2022). Prevalence of secondary traumatic stress among direct support professionals in the intellectual and developmental disabilities field. *Intellectual and Developmental Disabilities*. 60(4), 273-287.

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



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



Google Scholar

Read more about Dr. Barbee's work here

KARLYNN BRINTZENHOFESZOC

Professor
Dr. Renato LaRocca Endowed Chair
in Oncology Social Work

PhD in Social Psychology
University of Georgia

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

Dr. BrintzenhofeSzoc

Highlighted Publications

Malone, M. V. A., Pergolotti, M., Canin, B., Battisti, N., M., L., Krok Schoen, J., Kaur, A., BrintzenhofeSzoc, K., Plotkin, E., Boehmer, L. M., & Shahrokni, A. (Accepted). Evolving oncology care for older adults: Trends in telemedicine use after one year of caring for older adults with cancer during COVID-19. *Journal of Geriatric Oncology*.

Kaur, A., Pergolotti, M., Battisti, N., Krok-Schoen, J. I., Cabrera Chien, L., Canin, B., Malone, M. V., MacKenzie, A., Ali, I., Streck, B., Shahrokni, A., Plotkin, E., Boehmer, L., & BrintzenhofeSzoc, K. (2023). Healthcare providers' attitude towards delay in cancer treatment during COVID-19 pandemic. *Journal of Geriatric Oncology*, 14(2). <https://doi.org/10.1016/j.jgo.2023.101438>

Krok-Schoen, J., Pisegna, J. L., BrintzenhofeSzoc, K., MacKenzie, A. R., Canin, B., Plotkin, E., Boehmen, L. M., & Shahrokni, A. (2023). Differences in urban and rural healthcare providers' attitudes toward care for older adults with cancer during the COVID-19 pandemic. *Supportive Care in Cancer*, 31(1), 1-9. <https://doi.org/10.1007/s00520-022-07544-y>

BrintzenhofeSzoc, K., Canin, B., Cases-Silva, E., Denicoff, A., Braun-Inglis, C., Okado, I., & Bakos, A. (2022). Through the lens of patient partners: Challenges in accrual of older adults to NCI clinical trials. *Journal of the National Cancer Institute*, 60, 125-134. <https://doi.org/10.1093/jncimonographs/lgac022>



Google Scholar

Read more about Dr. BrintzenhofeSzoc's work here.

CRYSTAL COLLINS-CAMARGO

Professor
Interim Dean

PhD in Social Work
University of Kentucky

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Collins-Camargo

Highlighted Publications

Winters, A.M., Verbist, A.N., Antle, B.F., Collins-Camargo, C., Logsdon, A.* , & Purdy, L.* (2022, Online First). Prevalence and Predictors of Prescription of Family-focused Treatment in Child Welfare. Developmental Child Welfare. [HTTPS://DOI.org/10.1177/25161032221142602](https://doi.org/10.1177/25161032221142602)

Perez Jolles, M., McBeath, B., Chuang, E., & Collins-Camargo, C. (2022 Online). Organizational Complexity Within Private Child Welfare Agencies in the United States and Impact on Agency Performance outlook. Children and Youth Services Review. [HTPPS://doi.org/10.1016/j.chilyouth.2022.106670](https://doi.org/10.1016/j.chilyouth.2022.106670)

Collins-Camargo, C. & Winters, A. (2022 Online First). Promoting racial equity and antiracist practice in child welfare: Perceptions of public child welfare administrators. Journal of Public Child Welfare. <https://doi.org/10.1080/15548732.2022.2116142>

Verbist*, A.N., Winters, A.M., Antle, B., & Collins-Camargo, C. (2022). The relationship between treatment prescription and standardized assessment for youth with identified trauma, behavior problems, or substance abuse. Advance online publication. Journal of Emotional and Behavioral Disorders. 30(4), 300-312, <https://doi.org/10.1177/106342662210764>



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



Google Scholar

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

SHANTEL D. CROSBY

Associate Professor

PhD in Social Work
Wayne State University

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

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

Dr. Crosby

Recent Publications

Crosby, S.D., Kniffley, S., Mitchell, B., Jones, K., Middleton, J., Caine, A., Vides, B. (2022). "De-colonizing mental health": Exploring insights from clinicians trained in Kniffley Racial Trauma Therapy. *Practice Innovations*, 7 (3), 280-292. <https://doi.org/10.1037/pri0000187>

Vides, B., Middleton, J., Edwards, E., McCorkle, D., Crosby, S., Loftis, B., & Goggin, R. (2022). The Trauma Resilient Communities (TRC) Model: A theoretical framework for disrupting structural violence and healing communities. *Journal of Aggression, Maltreatment, & Trauma*, 31(8) 1052-1070. doi: 10.1080/10926771.2022.2112344

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

**Somers, C., Goutman, R., Day, A., Enright, O., Crosby, S., Taussig, H. (2020). Achievement Among a Sample of Youth in Foster Care: The Role of School Connectedness. *Psychology in the Schools* .



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



Google Scholar

Read more about Dr. Crosby's work here.

ANNA C. FAUL

Professor
Executive Director,
UofL Trager Institute

PhD in Social Work
Rand Afrikaans University,
South Africa

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

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

Dr. Faul

Recent Publications

Gibbs, L., Rousseau, J., Tumosa, N., Gupta, R., Olsen, B., Faul, A.C., Reichstadt, J., Cotton, S.G., Sivers-Teixiera, T., Saville, N., Lee, J. (2022). Pioneering COVID-19 Pandemic Partnerships: Federally Qualified Health Centers and Geriatric Workforce Enhancement Programs Work Together to Care for Diverse Underserved Older Adults. *Gerontology and Geriatric Medicine*, 8:1-5

Cotton, S.G. & Faul, A.C. (2022). GWEP-CC case study: The journey to age-friendly primary care. *American Geriatric Society*.

Chiarelli-Helminiak, C.M., McDonald, K.W., Tower, L.E., Hodge, D.M. & Faul, A.C. (2021): Burnout among social work educators: an eco-logical systems perspective, *Journal of Human Behavior in the Social Environment*, DOI: 10.1080/10911359.2021.1977209.

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

LAURA M. FREY

Associate Professor
CFT Program Director

PhD in Family Sciences
University of Kentucky

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

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

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

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

Dr. Frey

Highlighted Publications

Middleton, J. S., Edwards, E., Roe-Sepowitz, D., Inman, E., Frey, L. M., & Gattis, M. N. (2022). Adverse childhood experiences (ACEs) and homelessness: A critical examination of the association between specific ACEs and sex trafficking among homeless youth in Kentuckiana. *Journal of Human Trafficking*. Advance online publication. <https://doi.org/10.1080/23322705.2021.2020061>

Frey, L. M., Hunt, Q. A., Russon, J. M., & Diamond, G., (2022). Review of family-based treatments from 2010 to 2019 for suicidal ideation and behavior [Invited]. *Journal of Marital & Family Therapy*, 48, 154–177. <https://doi.org/10.1111/jmft.12568>

Snow*, A., Cerel, J., & Frey, L. M. (2022). A safe bet? Transgender and gender diverse experiences with inclusive therapists. *American Journal of Orthopsychiatry*, 92, 154–158. <https://doi.org/10.1037/ort0000599>

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



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



Google Scholar

Read more about Dr. Frey's work here.

SEANA GOLDER

Professor
Associate Dean of Academic Affairs

PhD in Social Work
University of Washington

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

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

Highlighted Publications

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

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



Google Scholar

Read more about Dr. Golder's work here.

MARTIN T. HALL

Associate Professor

PhD in Social Work
University of North Carolina, Chapel Hill

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

Dr. Hall

Highlighted Publications

Hall, M. T., Hardy, G. C., & *Bryant, S. E. (in press). COVID-19 and fidelity to the Sobriety Treatment and Recovery Teams model. *Journal of Studies on Alcohol and Drugs*.

Salameh, T. N., Hall, L. A., & Hall, M. T. (in press). Predictors of cigarette smoking in pregnant women with substance use disorders. *Journal of Addictive Diseases*.

Salameh, T. N., Hall, L. A., & Hall, M. T. (in press). Cigarette smoking cessation counselling in pregnant smokers with mental illness/substance use disorders. *Western Journal of Nursing Research*.

Hall, M. T., Hardy, G. C., Golder, S., Huebner, R. A., *McNeil, A. J., & Walton, M. T. (2022). Substance use and other factors associated with child welfare case duration: Looking beyond out of home care. *Child & Family Social Work*.



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



Google Scholar

Read more about Dr. Hall's work here.

LESLEY M. HARRIS

Associate Professor

PhD in Social Work
University of California,
Los Angeles



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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

Dr. Harris

Highlighted Publications

Kerr, J.C., *Bullock, N.A., *Burton, K., Mitchell, C., Harris, L.M., Combs, R., Krigger, K., *Northington, T. (2022). Predictors of Pre-exposure Prophylaxis Awareness among African American Young Adults in Louisville, Kentucky. *Journal of Health Care for the Poor and Underserved*, 33(3), 1419-1431.

Harris, L.M., *Williams, S.M., *Nyerges, E. & *Bloomer, R. (2022). Beyond #FreeBritney: Teaching Social Workers about Surrogate Decision Making through the Spears Case. *Journal of Social Work Education*. DOI: 10.1080/10437797.2022.2119065

*Nyerges, E., *Dajani, M., *Kacmar, A., *Gunathilake, P. & Harris, L.M. (2022). Situating Within the Balance: A Qualitative Study Exploring Interpreters' Experiences Working with Refugees in the United States. *Health & Social Care in the Community*, (30), 6, e6185-e6193. doi: 10.1111/hsc.14055

Antle, B.F., Harris, L.M., Wright, J., Eels, T., Cappiccie, A., *Williams, S.M., *Katz, R., *Logsdon, A. & Owen, J. (2022). Barriers to Implementation of a Technology Based Mental Health Intervention in a Rural Setting. *Contemporary Rural Social Work*, (13)1, Article 2. <https://digitalcommons.murraystate.edu/crsw/vol13/iss1/2>

*Sears, J., Harris, L.M., & Lawson, T.R. (2022). Doing Place: A context specific framework for sustaining commitments in Appalachian Kentucky. *Journal of Community Practice*, (30) 2, 109-127. doi: 10.1080/10705422.2022.2073307

Harris, L. M., Nguyen, H., Winters, A. M., Rosen, G., Thang, N. D. (2022). Exploring Household Food Insecurity and Intergenerational Self-help Club Involvement Among Grandparents Raising Grandchildren Due to HIV/AIDS in Vietnam. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 7(1). Available at: <https://scholarworks.wmich.edu/grandfamilies/vol7/iss1/6>

Kerr, J., *Ayangeakaa, S., Bullock, N., *Burton, K., Combs, R., Harris, L.M., Sterrett-Hong, E., Rozema, I., *Sears, J., *Northington, T. (2022). A Qualitative Exploration of Various Stigmas Impacting HIV Pre-exposure Prophylaxis (PrEP) Uptake among African American Young Adults. *Family & Community Health*, 45(4) 218-227.

*Bloomer, R., Harris, L.M., Brown, A., Crosby, S. Exploring the promotion of youth voice in community-based youth development programs. (2022). *Child and Family Social Work*. <https://doi.org/10.1111/cfs.12961>

*Ayangeakaa, S.D., Kerr, J., Combs, R., Harris, L.M. & *Sears, J. (2022). Understanding Influences on Intention to Use Pre-Exposure Prophylaxis (PrEP) Among African American Young Adults. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-022-01278-7>

*Mitchell, B., *Utterback, L., *Hibbeler, P., *Logsdon, A.R., *Smith, P.F., Harris, L.M., Castle, B., Kerr, J.C. & Crawford, T. (2022). Patient-Identified Markers of Quality Care: Improving HIV Service Delivery for Older African Americans. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-022-01237-2>



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



Google Scholar

Read more about Dr. Harris's work here.

BARBARA A. HEAD

Affiliated Faculty
Associate Professor,
University of Louisville
School of Medicine

PhD in Social Work
University of Louisville

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

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Head

Highlighted Publications

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

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

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

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

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

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



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



Read more about Dr. Head's work here.

ELI A. KARAM

Professor

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

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



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

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

Highlighted Publications

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

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

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

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

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

RESEARCH INTERESTS



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

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



Read more about Dr. Karam's work here.

JENNIFER MIDDLETON

Associate Professor

PhD in Forensic Social Work
University of Denver

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Middleton

Recent Publications

Middleton, J., *Edwards, E., Roe-Sepowitz, D., *Inman, N., Frey, L., & Gattis, M. (2022) Adverse Childhood Experiences (ACEs) and Homelessness: A critical examination of the association between specific ACEs and sex trafficking among homeless youth in Kentuckiana. *International Journal of Human Trafficking*. DOI: 10.1080/23322705.2021.2020061

*Edwards, E., Middleton, J., & Cole, J. (2022). Family-controlled trafficking in the United States: Victim characteristics, System response, and case outcomes. *International Journal of Human Trafficking*. DOI: 10.1080/23322705.2022.2039866

Vides, B., Middleton, J., *Edwards, E., McCorkle, D., Crosby, S., Loftis, B., & *Goggin, R. (2022). The Trauma Resilient Communities (TRC) Model: A theoretical framework for disrupting structural violence and healing communities. *Journal of Aggression, Maltreatment, and Trauma*. <https://doi.org/10.1080/10926771.2022.2112344>

Kniffley, S., Crosby, S., *Jones, K., Middleton, J., & Caine, A. (2022). Bridging the gap: Evaluating the efficacy of racial trauma therapy training for community mental health clinicians. *Journal of Psychological Trauma: Theory, Research, Practice, and Policy*. In press.

Crosby, S., Kniffley, S., *Mitchell, B., *Jones, K., Middleton, J., Caine, A., & Vides, B. (2022). "De-colonizing mental health": Exploring insights from clinicians trained in Kniffley Racial Trauma Therapy. *Practice Innovations*. 7(3), 280-292. <https://psycnet.apa.org/doi/10.1037/pri0000187>



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



Google Scholar

Read more about Dr. Middleton's work here.

HEEHYUL MOON

Associate Professor

PhD in Social Welfare
Case Western Reserve University

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

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

Dr. Moon

Highlighted Publications

Roche-Dean, M., Baik, S., Moon, H., Coe, N. B., Oh, A., & Zahodne, L. B. (2022). Paid care services and transitioning out of the community among Black and White older adults with dementia. *The Journals of Gerontology: Series B*. <https://doi.org/10.1093/geronb/gbac117>

Moon, H. E., Rote, S. M., Sears, J., & Schepens Niemiec, S. L. (2022). Racial differences in the dementia caregiving experience during the COVID-19 pandemic: Findings from the National Health and Aging Trends Study (NHATS). *The Journals of Gerontology: Series B*. Pages e203–e215, <https://doi.org/10.1093/geronb/gbac098>

Moon H. Kaholokula, J.K., MacLehose, R.F., & Rote, S. Prevalence of dementia in American Indians and Alaska Natives compared to White, Black, and Hispanic Medicare Beneficiaries: Findings from the National Health and Aging Trends Study, *Journal of Racial and Ethnic Health Disparities*

Rote, S. M., Moon, H. E., Kacmar, A. M., & Moore, S. (2022). Exploring Coping strategies and barriers in dementia care: A mixed-methods study of African American family caregivers in Kentucky. *Journal of Applied Gerontology*, 41(8), 1851-1859. <https://doi.org/10.1177/07334648221093618>

Moore, S. E., Sterrett-Hong, E. M., Miller, S. M., Foreman, J., Boamah, D. A., Storer, H., ... & Doub, D. C. (2022). Addressing anti-Black racism through the social work curriculum: Informed, prepared and competent? *Journal of Teaching in Social Work*, 42(2-3), 142-156.



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



Google Scholar

Read more about Dr. Moon's work here.

SHARON E. MOORE

Professor

PhD in Social Work
University of Pittsburgh

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

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

Dr. Moore

Highlighted Publications

Moore, S. E., Sterrett-Hong, E. M., Miller, S. M., Foreman, J., Boamah, D. A., Storer, H., ... & Doub, D. C. (2022). Addressing anti-Black racism through the social work curriculum: Informed, prepared and competent? *Journal of Teaching in Social Work*, 42(2-3), 142-156.

Moore, S.E., Sterrett-Hong, E., Martin Miller, S., Foreman, J., Boamah, D., Storer, H., Nwachuku, B., Adams, M., Moon, H., Jackson-Hurley, Frierson., & Doub, D. (2022). "Addressing Anti-Black Racism Through the Social Work Curriculum: Informed, Prepared and Competent?", *Journal of Teaching in Social Work*, 42(2-3), 42(2-3), 142-156.

Boamah, B., Jones-Eversley, S., Harmon, D., Adedoyin, C., Burton, K., Sanders, S., Jones, C., Nwachuku, B. & Moore, S. (2022). Dismantling Structural Racism, Hate, and White Supremacy S.E. Moore - CV 4 Through Course Assignments That Integrate Faith and Learning in Social Work Curriculum. *Journal of Social Work & Christianity*, 49(1), 26-47.

Wilson, B., Moore, S. E., & Clayton, D. (2022). Police Initiated Trauma in the African American Community: Policy Implications and Recommendations for Reducing the Severity of Force in Police-Citizen Interactions. In Natasha C. Pratt-Harris & K. Nyerere Ture (Eds.). *Why the Police Should be Trained by Black People*. (pp. 179-193). Boca Raton, FL: Routledge.

Rote, S.; Moon, H.; Kacmar, A. & Moore, S. (2022). Exploring Coping Strategies and Barriers in Dementia Care: A Mixed Methods Study of African American Family Caregivers in Kentucky. *Journal of Applied Gerontology*.<https://doi.org/10.1177/07334648221093618>

Moore, S. E. (2022). Black lives really do matter. In *Social Work in Health Emergencies: Global Perspectives*. Patricia Fronck & Karen Smith Rotabi-Casares, (Eds.), pp. 117-118..

Moore, S.E., Jones-Eversley, S., Tolliver, W., Wilson, B. & Harmon, D. (2022). Cultural responses to loss and grief among Black Americans: Theory and practice implications for clinicians. *Death Studies*, 46(1), 189-199.



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



Google Scholar

Read more about Dr. Moore's work here.

ARMON R. PERRY

Professor
BSW Program Director

PhD in Social Work
University of Alabama

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

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

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

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

Dr. Perry

Highlighted Publications

Perry, A., Rollins, A., & Perez, A. (2022). A mile in my shoes: An exploration of custodial mothers' perspectives on empathy and its role in co-parenting and paternal involvement. *Journal of Child and Family Studies*, 31, 1607-1620.

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

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

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



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



Google Scholar

Read more about Dr. Perry's work here.

STEPHANIE GRACE PROST

Associate Professor

PhD in Social Work
Florida State University

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Prost

Highlighted Publications

Srivastava, A., Prost, S. G. & Williams, S. M. (2022). Mental health among lesbian, gay, bisexual and other non-heterosexual adults in United States prisons. *Current Psychology*. doi: 10.1007/s12144-022-03777-6

Novisky, M. A., Narvey, C., & Prost, S. G. (2022). Older adults' perspectives on death and dying in prison. *Journal of Criminal Justice*. Advanced doi: <https://doi.org/10.1016/j.jcrimjus.2022.101930>

Prost, S. G., & Lee, E. (2022). Symptom agreement between patients and their peer caregivers in prison. *Journal of Correctional Health Care*. Advanced doi: <https://doi.org/10.1089/jchc.21.04.0027>

Prost, S. G. (2022). Racial disparities in visitation and health among older adults incarcerated in prison. *Aging & Mental Health*. Advanced doi: <https://doi.org/10.1080/13607863.2022.2098923>

Zaller, N., Barry, L., Dorotik, J., James, J., Knittel, A. K., Murillo, F., Prost, S. G., & Williams, B. (2022). Community-academic partnerships: An opportunity to improve the lives of incarcerated older adults. *International Journal of Prisoner Health*, 18(2), 117-123. doi: <https://doi.org/10.1108/IJPH-06-2022-117>

Prost, S. G., Golembeski, C. A., Periyakoil, V. J., Arias, J. J., Knittel, A. K., Ballin, J., Oliver, H. D., & Tran, N. T. (2022). Standardized outcome measures of mental health in research with older adults who are incarcerated. *International Journal of Prisoner Health*, 18(2), 200-212. doi: <https://doi.org/10.1108/IJPH-08-2021-0085>



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



Google Scholar

Read more about Dr. Prost's work here.

SUNSHINE M. ROTE

Associate Professor
Interim Director of Research

PhD in Sociology
Florida State University

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



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

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

In terms of the Latinx population, I grew up in South Texas, which is a very culturally rich area. It is also an area that is medically underserved and socioeconomically disadvantaged, and a lot of caregiving research has overlooked this population and context.

? Why is this research important to our community members?

Most people you talk to have had some sort of experience with dementia; have had at least a family member they've known who has lived with dementia or have provided some sort of caregiving duties. Whether it's to children, parents, partners, siblings.

The need for and experiences of caregiving impacts us all and we want to make sure that we support caregivers, older adults, and the future generations of caregivers to come as the population ages.

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

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

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

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

Work we've done in the community has been very impactful in that we've worked with caregivers to better understand service use and needs and connect caregivers to existing services through the Alzheimer's Association and local area agency on aging (KIPDA).

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

How do we frame these important policies we need in place for older adult and family caregivers so that they can gain momentum and acceptance within the country? How do we ensure equity in treatment and access to resources services for dementia and cognitive impairment.

RESEARCH INTERESTS



- Gerontology
- Mental Health
- Health Equity
- Caregiving

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

Understanding both is important.

Dr. Rote

Highlighted Publications

Angel, J., Rote, S., Vega, W., Kim, J., Chiu, C., Aranda, M., & Wang, J. (2022). Duration of Dementia and Social Service Use in the U.S.-Born and Foreign-Born Mexican American Population. *Journal of Aging and Health*, 34(9-10): 1291-1301.

Moon, H., Rote, S., Sears, J., Schepens Niemiec, S.L. (2022). Racial Differences in the Dementia Caregiving Experience during the COVID-19 Pandemic: Findings from the National Health and Aging Trends Study (NHATS). *The Journals of Gerontology, Series B: Social Sciences*, 77(12): e203-e215.

Rote, S., Moon, H., Kacmar, A., & Moore, S. (2022). Exploring Coping Strategies and Barriers in Dementia Care: A Mixed Methods Study of African American Caregivers in Kentucky. *Journal of Applied Gerontology*, 41(8): 1851-1859.

Moon, H., Kaholokula, J.J., MacLehose, R.F., Rote, S. (2022). Prevalence of Dementia in American Indians and Alaska Natives Compared to White, Black, and Hispanic Medicare Beneficiaries: Findings from the National Health and Aging Trends Study. *Journal of Racial and Ethnic Health Disparities*, 1-6.

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Kim, J., Angel, J. & Rote, S. (2022). A Longitudinal Study of Cognitive and IADL Disablement Among the Oldest Mexican Americans. *Journal of Aging & Health*, 34(2), 196-205.



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



Read more about Dr. Rote's work here.

Google Scholar

BIBHUTI K. SAR

Professor

PhD in Social Work & Social Policy
Virginia Commonwealth University

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

Dr. Sar

Highlighted Publications

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

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

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

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

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



Google Scholar

Read more about Dr. Sar's work here.

TARA J. SCHAPMIRE

Affiliated Faculty
Associate Professor
University of Louisville
School of Medicine

PhD in Social Work
University of Louisville

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

Dr. Schapmire

Highlighted Publications

* Zebrack, B., Schapmire, T., Otis-Green, S., Nelson, K., Miller, N., Donna, D., & Grignon, M. (2022). Establishing core competencies, opportunities, roles and expertise for oncology social work. *Journal of Social Work*, 0(0), 14680173211051983.

Schapmire, T. J., Head, B. A., Furman, C. D., Jones, C., Peters, B., Shaw, M. A., Woggon, F., Ziegler, C., & Pfeifer, M. P. (2021). The Interprofessional Education Exchange: The Impact of a Faculty Development Program in Interprofessional Palliative Oncology Education on Trainee Competencies, Skills, and Satisfaction. *Palliative Medicine Reports*, 2(1), 296-304.

Head, B., Schapmire, T., Jones, C., Peters, B., Furman, C. D., Shaw, M. A., Woggon, F., & Pfeifer, M. (2021). "Opening eyes to real interprofessional education": results of a national faculty development initiative focused on interprofessional education in oncology palliative care. *Journal of Interprofessional Care*, 1-8.

*Guan, T., Nelson, K., Otis-Green, S., Rayton, M., Schapmire, T., Wiener, L., & Zebrack, B. (2021). Moral distress among oncology social workers. *JCO Oncology Practice*, 17(7), e947-e957.



Google Scholar

[Read more about Dr. Schapmire's work here.](#)

BETTY SHIELS

Principal Investigator
LCSW

PhD in Social Work
University of Louisville
University of Kentucky

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

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Betty Shiels

Highlighted Publications

Cloud, R.N., Shiels, B., Kemp, D. (2003). Jefferson county public school evaluation report on a project shield alcohol and other drug intervention initiative at Breckinridge metropolitan high school for the school year ended June, 2003. Kent School of Social Work, University of Louisville.

Cloud, R.N., Kemp, D., Shiels, B. (2003) Jefferson county public school 2002 evaluation report on a project shield alcohol and other drug intervention initiatives at Breckinridge School. Kent School of Social Work, University of Louisville.

Bourassa, S.C., Barber, G., Hagan, A.S., Schneider, E., Shiels, E.M. (2003). Kentucky Housing corporation needs assessment: Phase II, a report to the Kentucky housing corporation. Urban Studies Institute, University of Louisville.

Barber, G., Stone, R., Shade, S.D., Shiels, B. (2002) Welfare reform: Impact of time limits on clients. Prepared for Cabinet for Families and Children, Commonwealth of Kentucky, Kent School of Social Work and Urban Studies Institute, University of Louisville.

ANKUR SRIVASTAVA

Assistant Professor

PhD in Social Work
University of California,
Los Angeles

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

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

Dr. Srivastava

Highlighted Publications

Srivastava, A., Winn, J., Senese IV, J. & Goldbach, J.T. (2022). Sexual orientation change among adolescents and young adults: A systematic review. *Archives of Sexual Behavior*, 51 (7), 3361–3376. doi: 10.1007/s10508-022-02394-5

Srivastava, A., Rusow, J., Schrage, S.M., Stephenson, R. & Goldbach, J.T. (2022). Digital sexual violence and suicide risk in a national sample of sexual minority adolescents. *Journal of Interpersonal Violence*. doi: 10.1177/08862605221116317

Srivastava, A., Prost, S.G. & Williams, S.M. (2022). Mental health among lesbian, gay, bisexual and other non-heterosexual adults in United States prisons. *Current Psychology*. doi: 10.1007/s12144-022-03777-6

Sterrett-Hong, E.M., Crosby, R., Johnson, M., Mayo-Wilson, L.J., Arroyo, C., Machinga, R., Brewer, R., Srivastava, A., Smith, A. & Arnold, E. (2022). Socio-ecological influences on HIV care engagement: Perspectives from young Black men who have sex with men living with HIV in the Southern U.S. *Journal of Racial and Ethnic Health Disparities*. doi: 10.1007/s40615-022-01364-w

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

DiGuseppi, G., Davis, J., Srivastava, A., Layland, E., Pham, D. Kipke, M. (2022). Multiple Minority Stress and Behavioral Health Among Young Black and Latino Sexual Minority Men. *LGBT Health*, 9(2), 114-121.

Semborski, S., Srivastava, A., Rhoades, H., Fulginiti, A. & Goldbach, J.T. (2022). Burden and belonging: Disclosure and social network differences among LGBTQ youth with and without history of homelessness. *Journal of Homosexuality*, 69(5), 894-910. doi: 10.1080/00918369.2021.1898801



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



Read more about Dr. Srivastava's work here.

EMMA STERRETT-HONG

Associate Professor
Associate Dean of Equity & Inclusion

PhD in Clinical Psychology
University of North Carolina,
Chapel Hill

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

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

Dr. Sterrett-Hong

Highlighted Publications

Ayangeakaa, S.D., Kerr, J., Combs, R., Harris, L., Sears, J., Parker, K. & Sterrett-Hong, E. (2023; epub 2022). Understanding influences on intention to use Pre-Exposure Prophylaxis (PrEP) among African American young adults. *Journal of Racial and Ethnic Health Disparities*, 10 (2), 899-910.

Kerr, J., Ayangeakaa, S., Bullock, N.A., Burton, K., Combs, R., Harris, L., Sterrett-Hong, E., Rozema, I., Sears, J., Northington, T. (2022). A Qualitative Exploration of various stigmas impacting HIV Pre-exposure Prophylaxis (PrEP) uptake among African American young adults. *Family and Community Health*, 45 (4), 218-227.

Moore, S.E., Sterrett-Hong, E., Miller, S.M., Foreman, J., Boamah, D.A., Storer, H., Nwachuku, B., Adams, M.A., Moon, H., Jackson-Hurley, C., Frierson, K., & Doub, D.C. (2022). Addressing anti-Black racism through social work curriculum: Informed, prepared and competent? *Journal of Teaching in Social Work*, 42 (2-3), 142-156.

Barbee, A.P., Winters, A.M., & Sterrett-Hong, E.M. (2022). Approaches from related fields to integrate into anti-racist initiatives in child welfare. *Child Welfare*, 100 (1), 1-28.



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



Google Scholar

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

HEATHER STORER

Associate Professor

PhD in Social Work
University of Washington

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

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Storer

Highlighted Publications

Storer, H.L., & Nyerges, E., Hamby, S. (2022). "Technology feels less threatening:" The processes by which digital technologies can facilitate youth's access to services at Domestic Violence and Sexual Assault Organizations. *Children & Youth Services Review*.

Storer, H.L., Willey Sthapit, C., & Mitchell, B. (2022). Safety is elusive: A critical discourse analysis of newspapers' reporting of domestic violence during the coronavirus pandemic. *Violence Against Women*.

Moore, S.E., Sterrett-Hong, E.M., Miller, S.M., Foreman, J., Boahmah, D.A., Storer, H.L., Nwachuku, B., Adams, M.M., Moon, H., Jackson-Hurley, C., Frierson, K., & Doub, D.C. (2022). Addressing anti-black racism through the social work curriculum: Informed, prepared and competent? *Journal of Teaching in Social Work*, 42, 2-3.

Storer, H.L., & Nyerges, E. (2022). Domestic violence and sexual assault service providers use of digital technologies during the COVID-19 pandemic. *Violence Against Women*.



Hear about Dr. Storer work directly by watching these videos below



Google Scholar

Read more about Dr. Storer's work here.

ANDREW M. WINTERS

Assistant Professor

PhD in Social Work
University of Maryland, Baltimore

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



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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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

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

RESEARCH INTERESTS



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

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

Dr. Winters

Highlighted Publications

Winters, A.M., Verbist, A.N., Antle, B.F., Collins-Camargo, C., Logsdon, A., & Purdy, L. (2022). Prevalence and Predictors of Family-Focused Treatment for Child Welfare-Involved Youth. *Developmental Child Welfare*. DOI: 10.1177/25161032221142602

Collins-Camargo, C. & Winters, A.M., (2022). Promoting Racial Equity and Antiracist Practice in Child Welfare: Perceptions of Public Child Welfare Administrators. *Journal of Public Child Welfare*. Online. DOI: 10.1080/15548732.2022.2116142

Harris, L. M., Nguyen, H., Winters, A. M., Rosen, G., Thang, N. D. (2022). Exploring Household Food Insecurity and Inter-generational Self-help Club Involvement Among Grandparents Raising Grandchildren Due to HIV/AIDS in Vietnam. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 7 (1). <https://scholarworks.wmich.edu/grandfamilies/vol7/iss1/6>

Barbee, A.P., Winters, A.M., & Sterrett-Hong, E.M. (2022). Approaches from related fields to integrate anti-racist initiatives into child welfare. *Child Welfare*, 100(1), 1-28.

Verbist, A. N., Winters, A. M., Antle, B. F., & Collins-Camargo, C. (2022). The Relationship Between Treatment Prescription and Standardized Assessment for Youth With Identified Trauma, Behavior Problems, or Substance Use. *Journal of Emotional and Behavioral Disorders*, 30(4), 300–312. <https://doi.org/10.1177/10634266221076465>



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



Google Scholar

Read more about Dr. Winters's work here.

PAMELA A. YANKEELOV

Professor

PhD in Experimental Psychology
University of Louisville

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

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

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

? Why is this research important to our community members?

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

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

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

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

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

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

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



RESEARCH INTERESTS



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

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

Dr. Yankeelov

Highlighted Publications

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

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

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

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

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

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

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



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



Google Scholar

Read more about Dr. Yankeelov's work here.

MARISSA E. YINGLING

Associate Professor

PhD in Social Work
University of South Carolina

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

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

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

? Why is this research important to our community members?

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

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

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

? What are you most proud of in terms of the

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

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

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



RESEARCH INTERESTS



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

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

Dr. Yingling

Highlighted Publications

Yingling, M.E., Ruther, M.H., & Dubuque, E.M. (2022). Geographic access to Registered Behavior Technicians among children with autism spectrum disorder. *Behavior Analysis in Practice*. doi: 10.1007/s40617-022-00729-1

Yingling, M.E., Ruther, M.H., & Dubuque, E.M. (2022). Trends in geographic access to Board Certified Behavior Analysts among children with autism spectrum disorder, 2018 – 2021. *Journal of Autism and Developmental Disorders*. doi.org/10.1007/s10803-021-05402-0

Yingling, M.E., Ruther, M.H., Dubuque, E.M., & Mandell, D.S. (2021). County-level variation in geographic access to Board Certified Behavior Analysts among children with autism spectrum disorder in the United States. *Autism: International Journal of Research and Practice*, 25(6):1734-1745. Advance online publication. doi: 10.1177/13623613211002051

Yingling, M.E., Ruther, M.H., Dubuque, E.M., & Bell, B.A. (2021). Impact of county sociodemographics and state policy on geographic access to behavior analysts among children with ASD. *Administration and Policy in Mental Health and Mental Health Services*. Advance online publication. doi: 10.1007/s10488-021-01120-y



Google Scholar

Read more about Dr. Yingling's work here.

LIXIA ZHANG

Assistant Professor

PhD in Social Work
University of Wisconsin-Milwaukee

My work aims to answer the question of how we can promote the healthy development and well-being for at risk children and families who have experienced trauma and environmental injustice. individuals and communities.



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

My working experience in both China and U.S. with disadvantaged children and families motivated me to pursue research related to understanding the impact of adverse family environments on individual's health and wellbeing, as well as identifying effective prevention and intervention strategies to mitigate the effects.

? Why is this research important to our community members?

My research is important to community members as it raises awareness and promote education among community members on how to identify and address adverse family environments, ultimately contributing to improve health outcomes of community members across the lifespan.

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

My work has made an impact by contributing to our understanding of the complex relationships between adverse family environments and individuals' health and well-being. By publishing research in rigorous academic journal, attending national conferences, and collaborating with other scholars and local agencies, my research findings have reached a broad audience of researchers, policymakers, and practitioners, and have the potential to inform public policy and prevention and intervention efforts aimed at addressing adverse family environments.

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

I am most proud of raising awareness of the relationship between poor family physical conditions and child neglect behaviors, and its impact on couple relationship quality, as well as the cognitive and social development of young children and the delinquent behaviors of adolescents. These findings were novel and have the potential to inform policies and practices aimed at preventing and addressing adverse family physical environments to improve family wellbeing and child development.

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

The two most important questions we still need to answer to move the field forward: 1) What are the mechanisms through which adverse family environments impact individuals' health and well-being? 2) What is the most effective and efficient prevention and intervention to reduce the impact of adverse family social and physical conditions on individuals' health and well-being?

RESEARCH INTERESTS



- **Adverse childhood experiences (ACEs)**
- **Intergenerational transmission of trauma**
- **Cross-cultural childhood adversity and trauma**
- **Children and youth development**

I am passionate about promoting the well-being of children, families, and communities by investigating the impact of adverse family social and physical environments, identifying the factors that promote healthy development, and bridging

Dr. Zhang

Highlighted Publications

Zhang, L., Zhang, L., & Testa, A. (2022). Childhood adversity and risky behaviors among Chinese rural young adults: The mediation effect of perceived stress and moderation effect of social support. *International Journal of Environmental Research and Public Health*, 19(20),

Zhang, L., Mersky, J. P., Gruber, A. M., & Kim, J. (2022). Intergenerational transmission of adverse childhood experiences and children's outcomes: A scoping review. *Trauma, Violence, and Abuse*, 15248380221126186.

Zhang, L., & Topitzes, J. (2022). The associations between family physical environment and child maltreatment. *Children and Youth Services Review*, 139, 106551.

Zhang, L., & Mersky, J. P., & Lee, C. P. (2022). Intergenerational pathways linking mothers' adverse childhood experiences and children's social-emotional problems. *Child Maltreatment*, 0(0), 1-12



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



Read more about Dr. Zhang's work here.

Google Scholar

PhD Students

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Mona Dajani



My research aims to develop a deeper understanding of the lived experiences of mothers by highlighting the intersection of their identities, unique experiences, well-being, and relationships with others.

Nyerges, E. X., Dajani, M. A., Kacmar, A. M., Gunathilake, W.A., & Harris, L. M. (2022). Situating within the balance: A qualitative study exploring interpreters' experiences working with refugees in the United States. *Health & Social Care in the Community*.

Archuleta, A. J., Prost, S. G., & Dajani, M. A. (2021). Examining the World Health Organization's WHOQOL-BREF: assessing the structural and convergent validity in a general US sample. *Journal of Human Behavior in the Social Environment*, 1-16.

Archuleta, A. J. & Dajani, M. A. (2021). Exploring network derived indicators of acculturation among college enrolled Latinxs: Examining language use and homophily in support networks. *Journal of Community Psychology*, 1– 21. <https://>

Prabathi Gunathilake



My current research explores Trauma-informed care for traumatized children and youth.

Jennifer Kendrick



My research area explores health and relational disparities for individuals with intellectual/developmental disabilities.

Antle, B., & Kendrick, J.S. (In press). Strengthening the residential care workforce: Exploring the role of organizational climate and culture in staff intentions to stay or leave.

Antle, B.F., Williams, S., Logsdon, A., Angelini, C., Minogue, A., & Kendrick, J. (2023, May). Trauma Informed Care Organizational Training Model: Creating a Culture of Care to Prevent and Support Human Service Professionals Around Issues of Traumatic Stress. American Professional Society on the Abuse of Children. Denver, CO.

Kendrick, J.S. (2023, February). Working with Families in Outpatient Eating Disorder Treatment: A Family Systems Model. International Association of Eating Disorder Professionals 2023 Symposium.

Ashley Logsdon



My research explores the impact of substance use on child welfare outcomes.

Logsdon, A. R., Antle, B. F., & Kamer, C. (2021). Family Treatment Drug Court Cost Analysis: An in Depth Look at the Cost And Savings Of A Southeastern Family Treatment Drug Court. *Child Welfare* 99(4)

Logsdon, A.R., Antle, B.F., Katz, R.S., Barbee, A.P., Kamer, C., & Spriggs, A. (2021). The Impact of Engagement on Child Welfare Families Involved with Family Treatment Drug Courts. *Juvenile and Family Court Journal*. (72)4. DOI:10.1111/jfcj.12210

Mitchell, B., Utterback, L., Hibbeler, P., Logsdon, A., Smith, F. P., Harris, L. Castle, B., Kerr, J., Crawford, T. (2022). Patient-Identified Markers of Quality Care: Improving HIV Service Delivery for Older African Americans. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-022-01237-2>:

Ben Miller



My area of research is antifat stigma within sexually and gender diverse populations.

Sultan, S., Zelenko, J., & Miller, B. (2023). A study of compassion satisfaction among social work educators in higher education. (Manuscript accepted by *New Frontiers in Psychology* for peer review).

Siritsky, N., Conley, C., & Miller, B. (2018). Measuring pastoral care performance. *Health Progress: Journal of the Catholic Health Association of the United States*, 99(3), 17-21.

Amanda Minogue



My area of interest is suicidality and suicide prevention among underrepresented minority adolescents.

Antle, B.F., Barbee, A.P., Owen, J., Ness, E.E., & Minogue, A. (2019). Gender Differences in Satisfaction with and Benefits from a Healthy Relationships Program to Prevent Intimate Partner Violence. *Journal of Loss and Trauma*, 24(4): 322-338.

Antle, B.F., Karam, E., Barbee, A.P., Sullivan, D., Minogue, A., & Glover, A. (2019). Intergenerational Transmission of Intimate Partner Violence and its Impact on Adolescent Relationship Attitudes: A Qualitative Study. *Journal of Loss and Trauma*, 25(1): 1-21.

Brandon Mitchell



My research explores: (a) how aspects of society influence the school system such as through policies and media discourse in order to (b) re-envision support and justice-oriented practice of school social workers.

Mitchell, B., & Greer, C. (in press). Newspaper Article Depictions of Exclusionary Discipline. *Critical Questions in Education*.

Mitchell, B. (in press). Newspaper constructions of the COVID-19 learning loss. *Critical Education*.

Mitchell, B., & Greer, C. (2022). The COVID-19 Learning Loss: Fact or Stigma? *Children & Schools*, 44(4): 251-254.
<https://doi.org/10.1093/cs/cdac018>

Eva Nyerges



Eva Nyerges' scholarship focuses on organizational health in the social services. Her dissertation research explores the organizational and personal factors associated with direct service provider well-being in refugee resettlement agencies.

Nyerges, E.X., Antle, B.F., Logsdon, A., Purdy, L., Barbee, A., & Kendrick, J. (in press) Strengthening the residential care workforce: Exploring the role of organizational health components in staff Retention and turnover. *Residential Treatment for Children and Youth*.

Nyerges, E.X., Dajani, M.A., Kacmar, A.M., Gunathilake, W.A.P.M., & Harris, L.M. (2022). Situating within the balance: A qualitative study exploring interpreters' experiences working with refugees in the United States. *Health and Social Care in the Community*. DOI: 10.1111/hsc.14055

Lisa Purdy



My research interests include child welfare workforce development with a primary focus on secondary traumatic stress.

Brueckner, J.K., Blackey, C., Purdy, L. (2010). Mastering structural and developmental anatomy through Kirigami. *Clinical Anatomy*, 23, 475

Purdy, L., Blackey, C., Brueckner, J.K. (2008). A novel approach to teaching and learning embryology through origami. *Clinical anatomy* 21(8): 832

Doroty Sato



My research interests are on forced displaced children and youth, children victims of war, stateless people, and mass migration. Her dissertation research employs arts-based and participatory visual research methodologies to give meaning to the drawings produced by Latino refugees children. She focuses on the intersection of the experience of crossing the U.S.-Mexican border and resilience, specifically religious and spiritual coping methods.

Osezua, V., Sato, D. & Harris, L.M (2020). Experiences of social exclusion and inclusion among emerging adult refugees from African Great Lakes Region. *J Pub Health Issue Pract* 4(1):165. <https://doi.org/10.33790/jphip1100165>

Harris, L.M., Bloomer, R., Williams, S., Nguyen, T., Osezua, V. Sato, D. Byun, K. & Hambrick, M. (2023). "Not Strong Enough to Protect Children": Using Photovoice to Identify Systems Risks Among Youth Orphaned Due to HIV/AIDS in Vietnam. *Society for Social Work and Research*. Phoenix,

Kathryn Tillet



My areas of interest include School Mental Health, Education Workforce Development, Relationships, and Organizational Climate.

Frey, A.J., Mitchell, B.D., Kelly, M.S., McNally, S. & Tillet, K. (In press) School-Based Mental Health Practitioners: A Resource Guide for Educational Leaders. *Journal of School Mental Health*.

Liz Utterback



My research area of interest is Gender and Language and the study of incels.

Amanda Velez



My Research explores Forensic Social Work.

Interventions for Women in the Criminal Justice System: A Literature Review (November, 2016) Co-Presentation with Tammi Thomas, MSSW; Jordan Wilfong, ABD, MSW, LSW; Seana Golder, PhD

Utilization of Marriage and Family Therapy Theories of Practice within exposure Response and Ritual Prevention Therapy for Obsessive-Compulsive Disorder. (May 2019)

Toward Inclusive Systemic Therapy: Building an Ability-Conscious Therapy Practice. (May, 2022) Co-Presentation with Jennifer Kendrick, LCSW, LICSW, LMFT

Sara Williams



My area of research explores Suicidality and Suicide Prevention among individuals with gender and sexually diverse identities.

Antle, B.F., Owen, J., Wells, M.J., Eells, T.D., Harris, L.B., Cappiccie, A., Wright, R.B., Williams, S.M., & Wright, J.H (2019). Dissemination of Computer-Assisted Cognitive-Behavior Therapy for Depression in Primary Care. Contemporary Clinical Trials 78, p. 46-52. <https://doi.org/10.1016/j.cct.2018.11.001>

Williams, S.M., Frey, L.M., Stage, D.L., & Cerel, J. (2018). The unique experiences of a dual identity: Exploring lived experience in gender and sexual minority suicide attempt survivors. American Journal of Orthopsychiatry (published online in advance of publication). <http://dx.doi.org/10.1037/ort0000334>

Jean Zelenko



My area of research is Mental Health Literacy in Children.

"Burnout and Self-Care." Presented at the annual National Association of Social Workers- Indiana Chapter 2018 Professional Education Conference, Indianapolis, IN in October 2018

"A Phenomenological Study of Compassion Satisfaction in Social Work Educators." To be presented at the ICQI conference in May 2019

Current Projects

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CENTER FOR FAMILY & COMMUNITY WELL-BEING

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

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



Research Team CFCWB

Becky Antle, Director
Amanda Minogue
Andreana Bridges
Ashley Logsdon
Carol Frame
Chyna Angelini
Garrett Hardy
Jennifer Beswick
Jennifer Kendrick
Jenny Taylor
Sam Beavers
Sara Williams
Tara Korfhage



The CFCWB has three primary divisions:

- 1) research and program evaluation;**
- 2) training and professional development;**
- 3) product development.**



**CENTER FOR FAMILY &
COMMUNITY WELL-BEING**

CENTER FOR FAMILY & COMMUNITY WELL-BEING

RESEARCH AND PROGRAM EVALUATION

One of the core activities of the Center is to conduct research and program evaluation in partnership with faculty collaborators and community partners. The Center frequently serves as the tracking and evaluation arm for university partners across a number of disciplines including medicine, environmental health, public health, and engineering. Research utilizes a variety of designs and levels of rigor, from RCTs to PSM or other quasi experimental and descriptive designs. The Center highly values a mixed methods approach to research and has built qualitative expertise into its team of staff and faculty consultants. In the area of program evaluation, the Center partners with a wide range of community partners to conduct needs assessments, organizational assessments, formative, and summative evaluation efforts. Examples of these research and evaluation efforts by substantive areas include the following:

Child Welfare

- Louisville Healthcare CEO Council (CEOc) ARP Grant on Healthcare Workforce Development
- NIH P30 Center for Integrated Environmental Health Science Tracking and Evaluation
- UofL Health UofL Physicians Group Training in Trauma Informed Leadership
- Louisville Metro Public Health and Wellness Division Initiative on Trauma Informed Organizational Assessment and Training
- University Trust Grant: Mixed Methods Study of Challenges and Strategies for Trust in Higher Education
- UofL Surgery Supportive Supervision Training and Evaluation

Social Justice

- Council on Postsecondary Education Grant on Summer Bridge Program for Underrepresented Students in Social Work
- Department of Commerce Grant on Minority Business Development through Additive Manufacturing
- EVPRI Grant on Turnover and Retention of BIPOC Faculty
- Asia Institute Crane House Grant on Healthcare Systems Navigation by First and Second Generation AAPI Adults
- Gheens Foundation Community Engagement Grant on Creating Resilience among Families Experiencing Homelessness
- Transdisciplinary Social Justice Research Consortium Grant on Anti-Racism Training for Higher Education
- Louisville Metro Public Health and Wellness Division Partnership to Develop LGBTQIA+ Web Based Resource Directory
- Council on Postsecondary Education Grant on Summer Bridge Program for Underrepresented Students in Cancer and Health Disparities (Evaluation)

Health/Well-Being

- Children's Bureau Grant on the National Quality Improvement Center on Reunification Subaward on Family Recovery Court for Treatment of Child Welfare Families with Substance Use Issues to Promote Positive Reunification Outcomes
- Department of Justice Office of Victims of Crime Grant on Family Recovery Court for Treatment of Child Welfare Families with Substance Use Issues in Eastern Kentucky
- Department of Justice Office of Juvenile Justice and Delinquency Prevention Grants on Family Recovery Court for Treatment of Child Welfare Families with Substance Use Issues in Central Kentucky and Louisville, Kentucky
- DCBS and Kempe Center Statewide Partnership to Develop a Differential Response for Public Child Welfare
- Casey Family Foundation Grant on Truth Telling Councils for Youth Who Lived in Foster Care
- Prevent Child Abuse Kentucky Opioid Use Disorder Settlement Grant on Assessment and Development of Resources for Communities and Providers
- Prevent Child Abuse America Grant to Develop Poverty Simulation for Child Welfare Affiliated Professionals
- Prevent Child Abuse Kentucky ARP Grant to Conduct Statewide Assessment and Develop Web Based Resource Directory on Fatherhood Resources in Kentucky
- Key Assets Trauma Informed Organizational Training and Assessment Contract
- Maryhurst Contract for Training in EBPs and Assessment of Organizational and Clinical Outcomes
- Coalition for Supporting Young Adults Grant through Office of Youth Development to Train Providers in Assessment of Mental Health Issues

Mental Health/Trauma

- SAMSHA Campus Suicide Prevention Grant
- PCORI Grant on Appalachian Mind Health Initiative for eCBT to Treat Depression
- Jewish Heritage Fund For Excellence Trauma Grant to Promote Youth Well-Being
- SAMSHA Trauma Resilient Communities Grant (Evaluation)
- ARP Trauma Resilient Communities Grant (Evaluation)
- Western North Carolina Trauma Resilient Communities Organizational Assessment Study
- NSF Pandemic Related Product Acceleration and Responsive Entrepreneurship Program Product Development Grant for Student Athlete Mental Health

CENTER FOR FAMILY & COMMUNITY WELL-BEING

TRAINING AND EDUCATIONAL INITIATIVES

CFCWB has provided training to professional audiences (over 2000 participants across trainings) in a wide variety of topics including the following:

EBPs such as

- Mind Matters Trauma Program
- Love Notes Health Relationships Program
- Mind Over Mood CBT Program
- CHOICES College Alcohol Risk Reduction Program
- Motivational Interviewing
- Trauma-Focused Cognitive Behavioral Therapy
- Evidence Based Telehealth Practice

Trauma-informed Care Model for Organizations

- Trauma Informed Leadership
- Supportive Supervision
- Resilience Alliance for Teams

Student Mental Health Issues

- Mental Health First Aid
- QPR
- Stress Resiliency for College Students and Faculty/Staff

Student Athlete Training Programs

- Stress Resiliency for Athletes
- Stress Resiliency for Athletics Staff
- HEART: Training for Coaches to Support Student Mental Health
- Parents of Athletes Training Program on Mental Health
- Safety Training Program for Athletics Professionals in Schools

Anti-Racism Training Programs

- Anti-Racism for Higher Education
- Anti-Racism for Community Partners
- Disproportionality and Disparate Outcomes in Child Welfare
- Anti-Oppressive Mandatory Reporting

PRODUCT DEVELOPMENT

CFCWB has developed many products in collaboration with leading experts:

- 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 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 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 been working with UofL Athletics to develop a wide range of programs for student athletes, their parents, and professionals. This includes a stress resiliency workshop for athletes, stress resiliency for athletics staff, training for coaches on supporting student athlete mental health, training for parents on support student athlete mental health, and psychological safety training for school based athletics professionals.
- Worked with Dr. Jen Middleton and associated trauma professionals on SAMSHA Grant on Forensic Resilience Training Academy to develop a training for Professionals Working with Human Trafficking Survivors.
- CFCWB worked with Center for Trauma Resilient Communities to manualize the Trauma Resilient Communities practice model for dissemination.
- CFCWB has partnered with VOA and St Vincent DePaul through a Gheens Community Engagement Grant to develop a training program for families experiencing homelessness to build resiliency and health relationships with children (CRAFT).
- CFCWB has partnered with PCAK to conduct an assessment of fatherhood providers, other community members, affiliated professionals, and fathers and utilize this information to develop a web-based resource directory on fatherhood resources.
- CFCWB partnered with 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 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 partnered with several partners (UofL, Moxie Girl, University South Florida) to develop in person and web-based content on mental health for young adults, which includes strategies to manage stress and health issues

Child Welfare Training Assessment (CWTA)

PI: Dr. Anita Barbee

Award Amount:
\$754,000

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

Funding Period: 2020-2024 (annually since 1992)

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

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

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

Family Support Training Assessment (FSTA)

PI: Dr. Anita Barbee

Award Amount:
\$408,000

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

Funding Period: 2020-2024 (annually since 1999)

Team: Anita Barbee, MSSW, PhD; Joyce Borders; Jenny Taylor, MSW

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).

Strengthening Families Grant to Establish Truth Telling Circles

PI: Dr. Anita Barbee

Award Amount:
\$322,000

Funding Source: Prevent Child Abuse America through Kentucky Youth Advocates and Collaborative Solutions for Communities in Washington D.C.

Funding Period: 2020-2024

Team: Anita P. Barbee, MSSW, PhD; Becky Antle, MSSW, PhD; Emma Sterrett-Hong, MFT, PhD; Shantel Crosby, MSW, PhD; Heather Storer, MSW, PhD; Chyna Angelini

Abstract: A national movement to promote Truth Telling by families, youth and young adults, the workforce and organizations that have experienced harm as a result of involvement in the child welfare system was funded by the Annie E. Casey Foundation to establish a National Advisory Board to develop a framework for Truth Telling. Several pilot sites in Louisville, Washington D.C. and the Nambe Pueblo tribe in New Mexico were funded by Prevent Child Abuse America to test local models of what Truth Telling could look like. Two of the sites successfully completed pilot projects which were evaluated by the UofL team. The Louisville site was led by African American and Black young adults who had lived most of their childhoods in the foster care system in Kentucky. The youth curated their stories and utilized art forms to aid the expression of their experiences which they presented to hand picked stakeholders from the community and members of agencies involved in the larger child welfare system. This project will continue in 2023-2024 to reach more stakeholders and to create systemic changes. In the Washington D.C. site, adults, most of whom were involved in the child welfare system as parents and some of whom were involved in the child welfare system when they were children, met for eight sessions to share their experiences with the system and their hopes for change. Their project will culminate in a documentary.

Evaluation of Alternative Response in Kentucky

PI: Dr. Anita Barbee

Award Amount:
\$1,273,000

Funding Source: Department for Community Based Services (DCBS)

Funding Period: 2022-2024

Team: Anita Barbee, MSSW, PhD; Becky Antle, MSSW, PhD; Jenny Taylor; Andreana Bridges

Abstract: The Protection and Permanency Division of DCBS is implementing and evaluating a new evidence-based practice, Alternative Response. This model diverts families from the Intake Unit to special teams trained in family assessments that lead to the removal of barriers to child safety such as lack of resources and mental health struggles. Past research has found that these Alternative Response teams prevent the removal of children from the home and enhance family health and child well-being. A team from the University of Colorado-Denver, Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, is working with DCBS staff to create the Alternative Response system while the UofL team is working with Kempe evaluators to evaluate the intervention.

Preventing Teen Pregnancy: Replicating Love Notes at YMCA

PI: Dr. Anita Barbee

Award Amount:
\$1,608,818

Funding Source: U.S. Department of Health and Human Services
Office of Population Affairs

Funding Period: 2021-2023

Team: Anita Barbee, MSSW, PhD; Carol Frame; Patricia Smith

Abstract: YMCA leads this project to install and replicate our previous findings with the Love Notes teen pregnancy prevention intervention between 2010 and 2015 as part of an Office of Adolescent Health grant. Our role on this grant is to 1) train facilitators in the evidence based version of the Love Notes intervention that we developed and tested and how to implement the program effectively, 2) continue to give support to facilitators over the course of the grant to ensure quality, 3) Put in place fidelity tools to assess dosage, adherence, quality and participant engagement, 4) Work with the evaluation team at IUS to ensure the best implementation and outcome measures are being utilized and to give advice on analyses.

In a recent [randomized controlled trial](#), Dr. Barbee and colleagues demonstrated that the Love Notes intervention significantly reduced teen pregnancy.

In a recent [review of Teen Pregnancy Prevention studies](#), Dr. Barbee and her team's previous study on the Love Notes intervention was highly rated and provided evidence for successful components of effective TPP intervention approaches.

Quality Improvement Center on Workforce Development (QIC-WD)

PI: Dr. Anita Barbee

Award Amount:
\$2,307,000

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

Funding Period: 2016-2023

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

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

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

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

The Louisville Trauma Resilient Communities (TRC) Expansion Project

PIs: Drs. Shantel Crosby and Jennifer Middleton

Funding Source: The Mayor's Office for Safe and Health Neighborhoods, U.S. Department of Treasury American Recovery Plan (ARP)

Award Amount:
\$4,500,000

Funding Period: 2022-2025

Team: Shantel Crosby, PhD, LCSW; Jennifer Middleton, PhD, MSW, LCSW

Abstract: The Louisville American Rescue Plan (ARP) project, an expansion of the Louisville Trauma Resilient Communities (TRC) Initiative, focuses on expanding the pipeline to evidence-based and culturally-responsive, trauma-focused interventions for youth and families in West and South Louisville. Specifically, the ARP project will provide trauma-focused intervention services to children and their families exposed to community violence, trauma, and racial trauma, and will evaluate the impact of the project on consumers of this proposed project. The ARP project will include activities, services, and outreach efforts that will target West and South Louisville communities, where high-risk youth and families most affected by trauma, violence, and racial trauma reside. By the completion of year 1 of the project, 50 youth will receive individual evidence-based trauma services (i.e., Kniffley Racial Trauma Treatment) and 150 youth will receive group evidence-based trauma services. It is anticipated that 25 additional clients will receive individual clinical services at each of six Neighborhood Place sites in Louisville Metro, annually (i.e., 150 clients total per year). From January 2023 to October 2023 individual services will consist of the identified evidence-based intervention model, Trauma Focused Cognitive Behavioral Therapy—TF-CBT. From October 2023 until project completion, it is anticipated that individual services will consist of TF-CBT as well as the Kniffley Racial Trauma Treatment Model—KRTT. Project evaluation findings will be disseminated through presentations and publications, with an emphasis on the project's impact and lessons learned regarding how to best respond to the needs of youth and families exposed to community violence and racial trauma.

DCBS Screening and Assessment Project

PI: Dr. Crystal Collins-Camargo

Award Amount:
\$1,667,394

Funding Source: Kentucky Department for Community Based Services

Funding Period: 2019-2024

Partners: Advanced Metrics Systems

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

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

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

Geriatric Workforce Enhancement Program (GWEP)

PI: Dr. Anna C. Faul

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

Award Amount:
\$3,750,000

Funding Period: July 2019—June 2024

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

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

Abstract: This project, FlourishCare, builds upon the Kentucky (KY) Rural & Underserved Geriatric Interprofessional Education Program (KRUGIEP) by expanding its purpose and reach to all 15 Area Development Districts, which covers all 120 counties of KY, of which 92 are rural or mostly rural. This project, FlourishCare, addresses the following needs of older adults in KY: 1) The lack of a robust rural PC system in KY; 2) The lack of quality nursing home care in KY; 3) The need to create age-friendly EDs in rural areas; 4) The need to coordinate community stakeholders to maximize health initiatives within deprived rural environments; 5) The need to train a workforce that can deliver culturally appropriate services to Hispanic populations in KY; and 6) The need for dementia friendly communities and compassionate care for people with AD/DR. The goals and outcomes for this 4th year of the grant are as follows. Goal 1: We expanded partnerships to 10+ KY academic universities, 82 PC delivery sites across KY, and 38 CBOs. Goal 2: We trained 727 geriatrics specialists, PC providers, and health professions students, residents, fellows and faculty across KY to address the PC needs of older adults, with an emphasis on disadvantaged and underrepresented minorities, by focusing on the 4Ms of age-friendly healthcare systems through a) enhancing the content & expanding the reach of our FlourishCare curriculum nationally, b) enhancing & expanding our Project ECHOs nationally and c) offering our Annual Optimal Aging Conference and Clinical Retreat for Interprofessional Training (CRIT) conferences virtually. Goal 3: We engaged in age-friendly health care system transformations with 18 clinical training environments by emphasizing the 4Ms of Age-Friendly Health Systems, the Flourish Index and select MIPS documentation. Goal 4: We delivered community-based programs that provided 805 patients, families, caregivers, and direct care workers with the knowledge and skills to improve health outcomes for older adults by offering trainings such as Project ECHOs, My Health Matters and Microclinics International trainings. Goal 5: We trained 20 family caregivers on compassionate care with persons with AD/DR in community, partnered with 4 NHs delivering compassionate care curriculum to staff, residents and family caregivers, offered art and art therapy sessions to PwAD/DR; disseminated micro-modules for caregivers and providers; worked to finalize the iOS application testing with 9 caregivers, and co-developed state-plan with KY Office of Dementia Services.

For our nursing home supplement, we implemented FlourishConnect Project ECHO which addresses 1) The need for NHs to be age friendly, 2) The need to address the post-traumatic stress of the NH workforce due to COVID-19; 3) The need to address COVID-19 vaccine access and hesitancy among vulnerable rural communities and NH staff; 4) The special COVID-19 related needs of the AD/DR population in NHs; 5) The COVID-19 related behavioral health needs of NH residents; 6) The lack of awareness among NH residents and staff about the importance of advanced care planning; and 7) The need to address the impact of health disparities and social determinants of health on NH residents and the health care workforce, as related to the COVID-19 pandemic. The goals and outcomes for this final year are as follows. Goal 1: We expanded and developed new partnerships with KY and NC Health Care Facilities, AAAs and Ombudsman Programs and 62 NHs. Goal 2 & 3: We are training 140 administrators and staff on age-friendly healthcare, vaccine hesitancy, dementia care, behavioral health and health disparities via social media for CNAs and CEU-approved Project ECHOs for nursing admin and staff. Goal 4: We developed an ACP support packet and video for residents, families and caregivers. With the admin supplement, we were able to enhance or create and deliver additional curriculum to BSN & CNA students, and CNA staff in 2 nursing homes on compassionate care for PwAD/DR and PwID/DD.

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

Behavioral Health Workforce and Training Program (BWHET)

PI: Dr. Anna C. Faul

Award Amount:
\$2,436,621

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

Funding Period: September 2017— September 2025

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

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

Abstract: The University of Louisville's (UofL) Trauma-Informed FlourishCare Program (TI-FC) at the Trager Institute builds upon the BHWET funded UofL Rural Integrated Behavioral Health (BH) and Primary Care (PC) Training Network (RITN), by expanding its purpose and reach to individuals across the lifespan (e.g., adolescents, transitional youth, adults, parents, grandparents and families) who experienced trauma in 3 distinct regions in KY: 1) 4 fringe metro counties with a high rural population surrounding metro Louisville, KY, 2) 3 rural counties in South Central KY, and 3) 7 rural counties in Southeastern Appalachian KY. This project will integrate TI-BH into PC services and their organizational culture to engage and treat patients across the lifespan experiencing trauma by providing highly trained interns and professionals at the sites, supported by a TI-trained community network, for the goal of better outcomes for the patients and families, greater community TI engagement and growth in BH employment.

The project (9/01/21-6/30/25) addresses the following 10 critical needs in 14 KY counties: 1)The burden of Adverse Childhood Experiences (ACEs) faced by children; 2)The prevalence of engagement in health behavior risk factors of those exposed to ACEs; 3)The prevalence of ACE risk health outcomes for children and adults; 3)The life potential factors that are impacted by ACEs; 4)The need to address the intergenerational nature of trauma in TI care; 5)The need to create special programs for grandparents raising grandchildren with ACEs; 6)The need to create protective programs against Intimate Partner Violence (IPV) and youth violence; 7)The need to focus on the development of integrated TI PC-BH sites to effectively address ACEs & IPV; 8)The need to build resilience in communities to address and disrupt the developmental pathways toward ACEs, IPV and trauma; 9)The need to address the intergenerational trauma in the growing Hispanic population; and 10)The need for affordable internet access for all KY families to support distance learning and telehealth.

The overall and Y2's projects' goals, measurable objectives and outcomes are as follows: **Goal 1)** We placed 59 interns, specifically 2 counseling psychology post-docs, 13 counseling psychology M.Ed., 10 psychiatric DNP, and 34 SW interns in 15 TI integrated PC-BH experiential training sites with a shared vision across 14 KY counties serving rural populations; **Goal 2)** We plan to recruit another 20 BH interns using a comprehensive marketing strategy in which 60% are from diverse populations through both program incentives and employment & career incentives and to retain the current interns post-graduation as BH specialists in the 14 counties of high need; **Goal 3)** We continually enhance our Interprofessional Education through didactic and experiential training using technology integration for interns and professionals by developing workforce competencies in intergenerational TI care across the lifespan that is culturally sensitive to the unique needs of trauma patients culminating in a) a Professional Certificate for interns totaling over 200 training hours resulting from at least 11 online modules, 1 Interdisciplinary Case Management Experiences, 1 Project ECHOs, 50 BH, TI Care, and Professionalization Workshops, 40 weekly supervision and case conceptualizations, a conference and a service learning project annually, and b) a CEU environment for faculty, professional health providers, clinic staff, and community partners utilizing the aforementioned trainings; with 80% of all learners satisfied and demonstrating improved knowledge; **Goal 4)** We enhanced service delivery of TI-FC by transforming the 15 practices into becoming TI and delivering integrated TI PC-BH team-based care to patients and families either in person or via telehealth with at least 70% of 537 patients served showing at least trends in improved BH status; and **Goal 5)** We are enhancing local capacity to retain highly trained BH specialists through development of the TI, multi-disciplinary, multi-agency network of at least 5 additional community partners annually designed to 1) support the network by educating the workforce on understanding the 4 Rs of TI care, 2) increase public awareness of the prevalence and impact of trauma through community presentations, 3) develop knowledge of existing TI prevention and treatment efforts in the community via a scan of services and 4) grow trauma-informed behavioral health workforce capacity through a) 100% mentorship of interns, b) support of 1 service learning project by interns a year, c) increased service delivery and cross-agency referrals by 10%, resulting in e) hopefully at least 50% of the behavioral health interns employed in HPSAs.

Trauma-Informed FlourishCare Paraprofessional (TI-FCP) Program

PI: Dr. Anna C. Faul

Award Amount:
\$2,280,666

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

Funding Period: December 2021– November 2024

Partners: the Trager Institute

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

Abstract: The University of Louisville's (UofL) Trauma-Informed FlourishCare Paraprofessional Program (TI-FCP) at the Trager Institute builds upon the BHWET funded UofL Rural Integrated Behavioral Health (BH) and Primary Care (PC) Training Network (RITN), by expanding its purpose and reach to individuals who experienced trauma and resultant BH challenges across the lifespan in 3 high need and high demand distinct regions in KY: 1) 4 fringe metro counties with a high rural population surrounding metro Louisville; 2) 3 rural counties in South Central KY and 3) 7 rural counties in Southeastern Appalachian KY.

This proposed project allows for a team of professional and paraprofessional interns, specifically community health workers (CHWs), peer support specialists (PSSs), community support associates (CSAs), working together to strengthen the BH workforce within PC emphasizing a recovery management approach for people with substance abuse disorders in order to enhance outcomes.

This project (9/21-8/25) addresses 10 critical needs in the 14 KY counties: 1)The burden of ACEs faced by children and the resultant BH consequences including SMI, OUD and other SUD; 2)The prevalence of engagement in health behavior risk factors of those exposed to ACEs; 3)The prevalence of ACE risk health outcomes for children and adults; 3)The life potential factors that are impacted by ACEs; 4)The need to address the intergenerational nature of trauma in TI care; 5)The need to develop innovative digital programs to support the recovery of patients with SMI, OUD and other SUDs; 6)The need to create protective programs against Intimate Partner Violence (IPV) and youth violence; 7)The need to build resilience in communities to address and disrupt the developmental pathways toward trauma and resultant BH challenges; 8) The need to address intergenerational trauma, increase of SMI, OUD and other SUDs, as well as BH treatment disparities in the growing Hispanic population; 9)The need to focus on the development of integrated TI PC-BH sites, that include PPs to effectively deliver resiliency focused BH services; and 10)The need for evidence-based BH workforce training with an IPE team-based focus for CHWs, PSSs and CSAs.

This past year project's goals and corresponding measurable objectives include: Goal 1) Placing 39 PP interns (e.g., APSSs) in 6 TI integrated PC-BH experiential training sites with a recovery focused shared vision across 14 KY counties of which 9 have participated in selected apprentice sites serving rural populations impacted by SMI, OUD and other SUDs and their family members; Goal 2) Recruiting and retaining 39 PP BH workers this year by leveraging community-based partnerships and reducing financial barriers through living stipends, apprenticeship, employment and career paths of which more than 60% were from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientation interested in serving in communities of high need and high demand; Goal 3)Enhancing Interprofessional Education (IPE) through technology integrated didactic and experiential trainings, by embedding culturally sensitive PP workforce competencies in intergenerational team-based TI care for PP interns trained with professional interns while earning their CHW and/or APSS certifications; with 100% of all learners satisfied and demonstrating improved knowledge; Goal 4)Enhancing 6 experiential training sites with the inclusion of PP interns/apprentice as part of the interprofessional health care team to deliver integrated TI PC-BH team-based care within a recovery management approach, in person or via telehealth with close to 300 patients this year served and PP interns satisfied with supervision; and Goal 5) Enhancing technology integration in the training of PP interns via 9 evidence-based simulations, digital health literacy programming for healthcare team and interns and telehealth service delivery that is enhanced with electronic apps in which the learners demonstrated improved digital health literacy.

Title III-E: National Family and Kentucky Caregiver Services

PI: Dr. Anna C. Faul

Award Amount:
\$ 84,786

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

Funding Period: July 2019—June 2022

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

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

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

Title III-D: Disease Prevention and Health Promotion Services

PI: Dr. Anna C. Faul

Award Amount:
\$ 9,916

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

Funding Period: July 2019—June 2022

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

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

START TITLE IV-E Prevention Plan Evaluation

PI: Dr. Martin T. Hall

Award Amount:
\$106,000

Funding Source: Kentucky Cabinet for Health and Family Services

Funding Period: 2021-2024

Team: Martin T. Hall, MSSW, PhD, Garrett Hardy

Abstract: The purpose of this project is to conduct program evaluation for all START sites including providing data presentations and reports to START teams and behavioral health providers to achieve fidelity to the START model. The evaluations team will manage data entry, training new START and treatment providers, provide recommendations for data collection, and dissemination program results and outcomes at local, state and national conferences.



Kentucky Opioid Response Effort (KORE) START Expansion

PI: Dr. Martin T. Hall

Award Amount:
\$156,000

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

Funding Period: 2018-2022

Team: Martin T. Hall, MSSW, PhD; Matthew Walton, Amy Brooks, Garrett Hardy

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.

Alcohol Misuse, Gut Microbial Dysbiosis and PrEP Care Continuum: Application and Efficacy of SBIRT Intervention

PI: Dr. Lesley Harris

Award Amount:
\$ 3,400,000

Funding Source: National Institute on Alcohol Abuse and Alcoholism (NIAAA) at National Institutes of Health (NIH)

Funding Period: 2021-2026

Team: Lesley Harris, MSW, PhD (Co-PI); Jelani Kerr, PhD (Co-PI); Shirish Barve, MD (Co-PI); Martin T. Hall, MSSW, PhD (Co-I), Blake Skidmore, MSSW (Research Director), Favor Dimleu (GRA)

Abstract: This study will use a syndemic approach to expand the HIV/AIDS prevention toolkit among populations impacted by alcohol with a range of patterns of episodic and long-term use and associated behavioral and biological risks for HIV acquisition. Specifically, the team will execute a randomized control trial among Pre-Exposure Prophylaxis (PrEP) users demonstrating heightened alcohol use to test the effectiveness of the Screening, Brief Intervention, & Referral to Treatment (SBIRT) intervention to reduce alcohol use and examine the subsequent impact on the gut microbiome compared to individuals receiving treatment as usual and PrEP users not demonstrating elevated alcohol use. Finally, we will employ qualitative methods (in-depth interviews) and analysis to understand decision-making factors influencing PrEP adherence and alcohol use over time.

This study includes the integration of effective prevention and treatment interventions to develop an overarching framework for reducing the incidence of new infections by facilitating cross-cutting research. The team will utilize an existing effective intervention, SBIRT, as well as the implementation of SBIRT with integrative HIV preventive activities across diverse healthcare settings.

Through this study, the team is excited to contribute to the following areas of HIV prevention research: 1) PrEP Utilization, 2) Treatment as Prevention (TasP), 3) Integration of Preventive Intervention Strategies, and 4) Prevention-related Cross-cutting Research (alcohol use and related mental health and substance use comorbidities).

Creating a Trauma Resilient Community in Louisville, KY

PI: Dr. Jennifer Middleton, Dr. Shantel Crosby

Award Amount:
\$ 741,256

Funding Source: Substance Abuse and Mental Health Services Administration
ReCAST: Resiliency in Communities After Stress and Trauma

Funding Period: 2018-2023

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

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

Abstract: The Louisville Trauma Resilient Community (TRC) Project 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 utilizes a comprehensive, community-engaged 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, culturally-responsive, evidence-based interventions including the Kniffley Racial Trauma Treatment (KRTT) Model and Alternatives for Families Cognitive Behavioral Therapy (AF-CBT). Specifically, the 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 racial trauma, and 4) evaluate the impact of the project on the individuals and organizations served by this project. The Louisville TRC Project will develop a community-engaged community advisory board to increase trauma awareness among community members and leaders, enhance outreach and training across multiple sectors, and identify the effects of adverse community experiences. Additionally, the TRC Project will engage in trauma-informed community and referral source training (e.g., Youth Mental Health First Aid, Race-Based Trauma, TRC Model) 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, systemic inequities and civil unrest reside. By the completion of the project, 200 clinicians will be trained in evidence-based trauma interventions (e.g. AF-CBT and the KRTT Model), 400 children and their families in West and South Louisville will receive culturally-responsive trauma treatment, 200 first responders, volunteers, and community service providers will be trained in the Youth Mental Health First Aid model and/or the TRC Model, 40 service providers and leaders will become local trainers in the Trauma Resilient Community® (TRC) Model, 50 community agencies serving youth and families exposed to community violence and trauma will participate in the TRC Model Resilience Academy, and 12 "backbone" agencies will become endorsed Trauma Resilient Community® organizations. Project evaluation findings will be disseminated through presentations and publications, including the two peer-review publications below.

[The Trauma Resilient Communities \(TRC\) Model: A Theoretical Framework for Disrupting Structural Violence and Healing Communities](#)

["Change is always hard": A Qualitative Exploration of the Trauma Resilient Communities \(TRC\) Model Implementation Process within the Context of the Pandemics](#)



Longitudinal Trajectories of Cognitive Impairment and Functional Disabilities among American Indian Older Adults

PI: Dr. Heehyul Moon

Funding Source: Native Alzheimer's Disease Resource Center for Minority Aging Research (NAD, RCMAR), Washington State University

Award Amount:
\$ 22,758

Funding Period: 2020-2022

Team: Heehyul Moon, MSW, PhD; Sunshine Rote, PhD

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

Empower You

PI: Dr. Armon Perry

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

Award Amount:
\$942,294

Funding Period: 2020-2024

Team: Armon Perry, MSW, PhD; Cheri Langley, Danielle Whiteside and Leia Stuart

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.

The Relationship Between Visitation and Health of Older Adults who are Incarcerated

PI: Dr. Stephanie Grace Prost

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

Award Amount:
\$ 47,987

Funding Period: 2020-2022

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

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

Youth Mental Health First Aid Training for Allied Professionals

PI: Dr. Bibhuti K. Sar

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

Award Amount:
\$ 147,655

Funding Period: 2018-2022

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

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

Mental Health Training for Caregivers, Caring Adults, and Community Organizations to Recognize and Respond to Young People at Risk for Mental Health Problems

PI: Dr. Bibhuti Sar

Award Amount:
\$ 500,000

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

Funding Period: 2020-2026

Team: Bibhuti K. Sar, MSW, PhD; Laura Frey, PhD; Emily Watts, MSSW; Melissa King, MEd

Abstract: The Kent School of Social Work at the University of Louisville will 1) assemble a community invested mental health awareness advisory board, 2) increase the number of Question, Persuade, and Refer (QPR) Gatekeeper responders and Adult and Youth Mental Health First Aid (MHFA) certified instructors in the community, 3) provide mental health promotion and education to the Metro Louisville region, 4) train QPR and Adult and Youth MHFA to caregivers, caring adults, and members of community organizations, and 5) evaluate the proposed project. At the end of the project, 1000 caregivers, caring adults, or members of community organizations will have been trained in Adult MHFA, 1000 trained in Youth MHFA, and 500 trained in QPR. Twelve individuals will have been certified to teach QPR and/or Adult/YMHFA. A total of 500 individuals in the community will have mental health promotion and education.

Promoting the Well-Being of Families Post Tornadoes in Western Kentucky

PI: Dr. Bibhuti K. Sar

Award Amount:
\$ 500,000

Funding Source: American Red Cross

Funding Period: 2022-2023

Team: Bibhuti K. Sar, MSW, PhD; Adrian Archuleta, MSSW, PhD; Emily Watts, MSSW, Megan Millar, Miranda Kennon, MSW; Cassie Sutton, MSW; Megan Miller

Abstract: This project focuses on (1) providing immediate and/or long-term mental health services to vulnerable populations in tornado stricken Bowling Green, Dawson Springs, and Mayfield, Kentucky including but not limited to: the Hispanic community, the refugee community, children, and other low socio-economic populations with challenges to accessing mental health services,(2) building the capacity of local mental health delivery systems in these communities, (3) training of professionals to increase the number of mental health workers capable of delivering clinical services to those suffering mental health distress, and (4) building network of provider agencies to allow for development of additional capacity in these communities.

Attachment Vitamins Pilot Project Implementation

PI: Dr. Bibhuti Sar

Award Amount:
\$ 25,000

Funding Source: International Rescue Committee Center for Adjustment, Resilience, and Recovery (CARRE)

Funding Period: 2022-2023

Team: Bibhuti Sar, MSW, PhD; Daniel Boamah, MSSW, PhD

Abstract: This project, in partnership with KY STEPS Behavioral Services in Bowling Green, KY will implement Attachment Vitamins, a trauma informed, parenting program with refugee families. Evaluation data will be collected to determine the program's efficacy in promoting parent-child attachment.

Statewide Mental Health Needs Assessment of Refugees in Kentucky

PI: Dr. Bibhuti K. Sar

Award Amount:
\$ 75,000

Funding Source: Kentucky Office of Refugees (KOR)

Funding Period: 2022-2023

Team: Bibhuti Sar, MSW, PhD; Lesley Harris, PhD; Adrian Archuleta, MSSW, PhD; Susan Rhema, LCSW, PhD; Nikki Adams, PhD; Eva Nygers, MSW; Doroty Sato, MSc., MBA.

Abstract: This project focuses on: 1) a statewide mental health needs assessment of refugees, and 2) an assessment of the utility of the RHS-15 in refugee mental health screenings in order to provide direction and recommendations to the Kentucky Office of Refugees (KOR) for program initiatives to promote mental health wellbeing of resettled and recently arrived refugees.

Survivors of Torture Recovery Center (STRC)

PI: Dr. Bibhuti K. Sar

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

Award Amount:
\$ 2,190,750

Funding Period: 2019-2022

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

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

The Center for Promoting Recovery and Resilience (CPRR)

PI: Dr. Bibhuti K. Sar

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

Award Amount:
\$ 2,000,000

Funding Period: 2016-2026

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

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

Integrated Care for Persons with Co-Occurring Disorders

PI: Dr. Bibhuti K. Sar

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

Funding Period: 2020-2025

Team: Bibhuti K. Sar, PhD; Martin T. Hall, MSSW, PhD; Jim Guinn, MA; Madeline (Maddie) Bailey, BA

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

Award Amount:
\$ 893,732

An Examination of the Feasibility and Acceptability of a Racial Trauma Processing for Family Health Intervention

PI: Dr. Emma Sterrett-Hong

Funding Source: University of Louisville Health Equity Innovation Hub

Funding Period: 2022-2024

Team: Emma Sterrett-Hong, PhD, LMFT; Aisha Brown, PhD, Yara Mekawi, PhD, Holly Wei, PhD, Fay Jones, PhD, Jennifer Porter, Adrienne Smith

Abstract: This study seeks to build capacity and formative data to examine an integrated family-based racial trauma processing and healthcare advocacy intervention for Black families. This study will build on and expand two culturally-tailored, locally-developed interventions, the Knifley Racial Trauma Treatment (KRTT) intervention for parents and children developed by Study Consultant Dr. Steven Kniffley, and a planned Resource Guide for Louisville Black families developed by Co-I Dr. Aishia Brown and Community Partner Play Cousins Collective. KRTT will be expanded to include content related to family health advocacy and data collected through ongoing implementation of KRTT on three new racial trauma measures will be combined with measurement data on the measures in the current study to conduct an initial validation examination of the measures. The family health advocacy components will extend the Resource Guide to include a compendium of information about common health conditions, such as diabetes, asthma, and high blood pressure along with the best practice treatment recommendations as disseminated by the American Medical Association, as well as make the guide available online as well as in print.

Award Amount:
\$99,999

Asia Institute Crane House Peer Health & Wellness Storefront

PI: Dr. Emma Sterrett-Hong

Funding Source: Humana Foundation

Funding Period: 2021-2022

Partners: Crane House, The Asia Institute

Team: Emma Sterrett-Hong, PhD, LMFT, Lesley Harris, PhD, Ankur Srivastava, PhD, Eva Nyerges

Abstract: The goal of this project is to conduct a needs assessment among Asian American first generation immigrant older adults and their families to identify barriers to healthcare utilization among Asian American older adult first generation immigrants. The needs assessment will inform the development of a Peer to Peer support resource in the community called the 'Peer Health and Wellness Storefront'. Under this agreement, Kent School team will assist in developing and conducting research-related activities specified under this project, specifically data collection related to healthcare utilization, completion of report of findings, and distillation and description of recommendations.

Award Amount:
\$ 16,924

Enhancing the Public Health Response to Domestic Violence in the Context of COVID-19

PI: Dr. Heather Storer

Funding Source: Public Health Americorps, Centers for Disease Control, Arizona State University

Funding Period: 2022-2023

Abstract: Violence against women is a threat to public health that has been exacerbated by COVID-19. Additional public health emergencies, such as natural disasters, are also likely to exacerbate violence against women. As such, the aim of this project is to provide disaster recovery efforts to local communities by building capacity within non-profit and government public health and complimentary agencies by training staff to appropriately identify and respond to domestic violence within the scope of their practice. The Corporation for National and Community Service defines capacity building activities as: leveraging resources, improving efficiency, and improving effectiveness. In partnership with local public health departments, public health agencies, and complimentary agencies, AmeriCorps members will raise community awareness and improve the reach of public health and complimentary settings to include domestic violence screening and resources in their response (particularly to public health emergencies). The program will further provide future social workers (who have been trained in violence against women) with pathways to public health related careers.

Award Amount:
\$45,619

VOA and DCBS Family Connections Program

PI: Dr. Andrew M. Winters

Award Amount:
\$87,000

Funding Source: Volunteers of America

Funding Period: 2021-2023

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

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

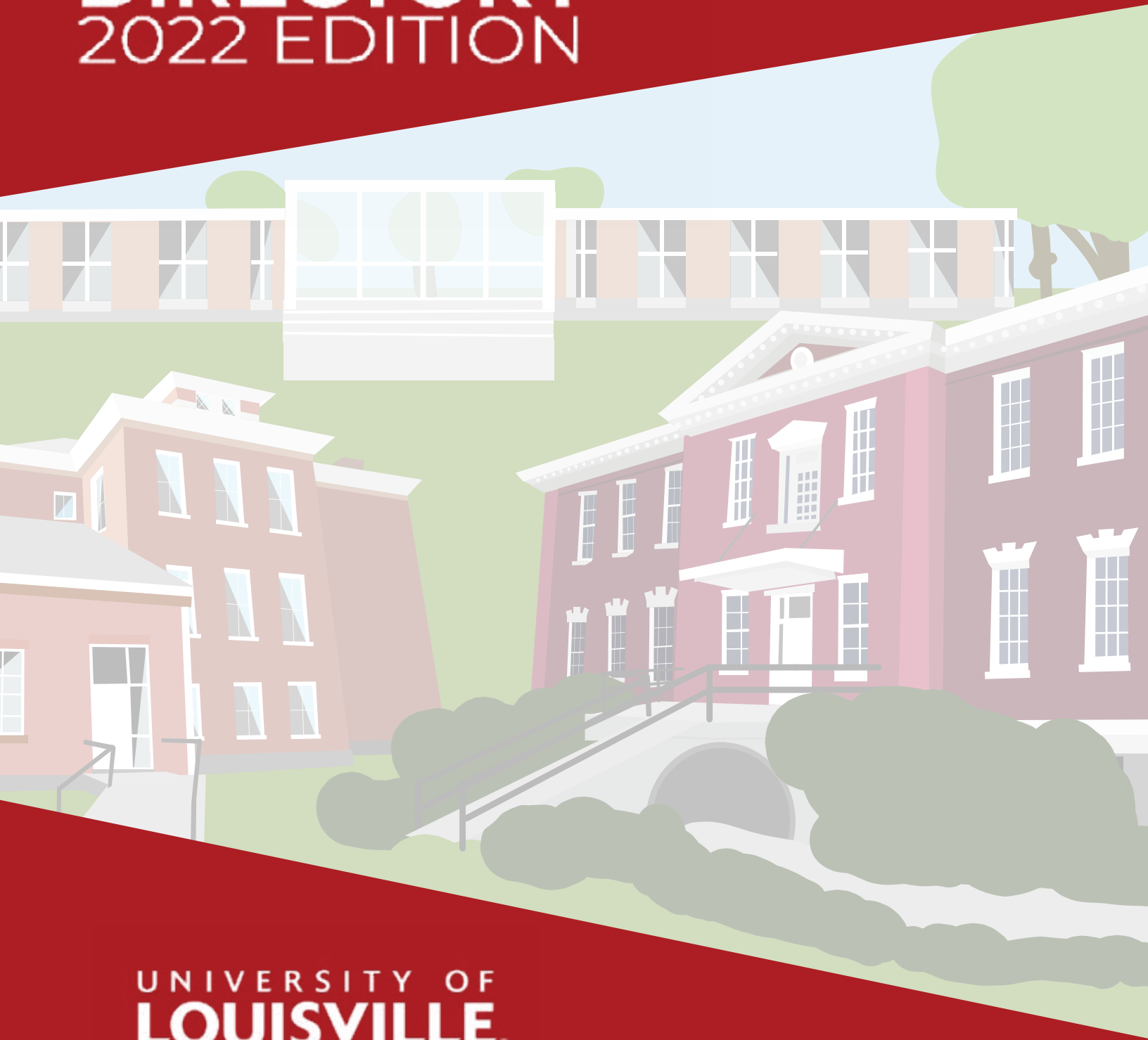
Abstract: Many families served by the public child welfare (CW) system have experienced substance use (SU) concerns. Facilitating collaboration between CW and substance use (SU) treatment agencies may promote provision of services to support the family. The University of Louisville, Kent School of Social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

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

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

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

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