INTERVENTION STRATEGIES

COURSE DESCRIPTION

This course examines a wide range of intervention strategies in the areas of human development, education, psychological well-being, and social welfare. We will seek to identify commonalities among strategies as well as understand differences. Strategies will be discussed within a social ecological framework which emphasizes long-term change in people and social environments. Considerable attention will be devoted to case studies of actual intervention programs.

COURSE REQUIREMENTS

There will be an in-class midterm examination (30% of course grade), a term paper that requires you to design a new intervention program (40%), and a cumulative final examination (30%). Class discussion can add a bonus of up to 10% of course grade.

The instructor may give one or more unannounced quizzes. Each such quiz will count for 10% of the course grade, with corresponding reductions in the proportion of course grade allocated to midterm, final, and term paper. Students absent for the quiz will receive zero points (no makeups).

REQUIRED TEXTS


Several readings are available via Electronic Reserve (ER). A number are in a course pack available in the SBSP Student Affairs Office.
SYLLABUS

All readings are required.

Mar 31. Introduction to course

Apr 2. Behavior therapy.


April 7. Client-centered psychotherapy.

CLASS MEETS IN FORUM ROOM AT LIBRARY TO VIEW FILM OF CARL ROGERS

"Three approaches to psychotherapy, Pt. 1 - Carl Rogers"
WM 420, T 531, 1965, Pt. 1 (3/4" u-matic tape, broadcast format)

Prochaska & Norcross. Chapter 5: Person-centered therapy. (ER)

April 9. Introduction to Preventive and Social-Community Interventions


April 14. Skills training.


April 16. CLASS MEETS IN VIDEO THEATRE AT LIBRARY TO VIEW FILM ON PREVENTIVE INTERVENTIONS ACROSS THE LIFE SPAN
"An Ounce of Prevention. The World of Abnormal Psychology (tape #13).

April 21.  Criticisms of prevention


April 23.  Problems in Program Implementation


April 28.  Workshop on Intervention Strategies I.

April 30.  Midterm examination.

May 5.  Educational policy


May 7.  Technology and curricular change.

Guest speaker: Professor Brian Reiser, Learning Sciences


May 12.  Social support interventions.


May 14. Use of the media in multilayered strategies.


May 19. Social welfare policy


May 21. Youth Development Organizations


May 26. NO CLASS. MEMORIAL DAY

May 28. Leadership and institutional change


June 2. Workshop on Intervention Strategies II.

June 4. term papers due

class notes for BEHAVIOR THERAPY

ask: what is counseling and therapy? what images come to mind re what happens? did prof Bloom talk re bt in into to counseling? her presumed views? some have neg view. but imp rx approach, also historical basis for much prev

hx of rx in 20th c
Freud. couch, no face therapist. free assoc. go back in past. good/bad breast. transference. profound interp, relate present situation, pt-ther rel, to past rel w pars. insight cures. ther lasts long time......more recently, sw briefer, face to face PD claims great success. case studies, yes. broader emp mixed-meninger.

1950s
attack on success rate. Eysenck, spontaneous remission, diff criteria success. YAVIS. Rogers. also talk or rel therapy. empathic counselor. present oriented. doesn’t give advice. nondirective.
b. psych based. science, based on learning theory. more quant oriented assess & res. took off in 60s. many clin psych progs v beh in 70s (job ads). past its heyday, but imp.

ask: what is diff re bt? any reactions, pos/neg?
more directive. action oriented.
b. compared to psychod, much more active.
therapist more active; talks more than dyn, interprets as much (interp diff), once settled on goals (collab) tends to be more directive and focused.

need to do X to accomplish goal
share w rogers focus on present. not inner world. wider range of inter than R notion of trainer and trainee. teaching of specific skills is hallmark

neg rep in psychod. counterarg is sx removal only, narrow focus, miss important underlying issues. eg phobia (fear), removed, lead to sx sub.

make diagram on board (ground level, prob underneath, various sx on top. Sloan no evidence for sx sub (study described in text)
do bt not assess whether underlying issue, breadth of assess?--
read Lazarus bridge phobia. draw map of Bay Area
ask: what make of this approach?
no longer make much use of sys desen. give hx a/c of bt approach.

start w collab identification of goals.
imp for motivation to enter rx. often, esp psychod, pt sees rx as escape from present situation/unhappiness into ill defined future. Instead, clear specification of goals and what life would be like if attained. point ➔ pos
diff than psychd = remove obstacles (anxiety, fear, misperceptions, self defeating behs),
good will come; bt= specify goals, clear program for obtaining teach skills

5/16/03
anxiety management. sys desen (describe—hierarchy, relax, imagine).
relax as coping skill. Meichenbaum self statements. guided imagery (eg sports)
social & commun skills...eg, ask for date, assertiveness w fam/fr/wk,
sexual (cf Masters & Johnson, eg sensate focus, see text)—v diff approach than
psychod, probs w pars

how taught? motivation for optimum participation, successful learning
slowly and systematically
start with easiest. describe in detail—ask for example of assertive skills.
ther models. role play (rehearsal). nec to role play, not just discuss—cf schiz pt
during internship & phone call re work
\try out in real life. start w easiest. reinforce success—ask: why might this be useful
thing to do?
**build in success exper**

homework assignments.
strategic use of nonsession time. promotes integ into rest of life (transfer of gains)
progressively work on more difficult situations, w ther heavy involvement, emo
support, feedback. continual role play and adjustment
sys anticipation of and preparation for possible outcomes

examine in terms of our framework for looking at inter strategies
outcomes: tight fit between learning and performance. leads to status attain, health
and wb

change strategy: change in ind. slight focus on ind changing env
motivation: goal setting to enter. success exper for optimum partic.
comprehensiveness: multiple individ interven. eg, coping skills, cog restruct, social
skills (several)
maintenance over time (post-rx). relapse prevention. identification of situations likely
to evoke relapse. plan coping strategies. imagine.

need to fleshout below
model of person. prob solver. do-er. not inner world as psychod, rogers.
emo=deal w anxiety. others 2 diff exper. beh ➔ inner self
similarity to existential philos, Sartre (put name on board)
ask: what are your thoughts about the strengths and weakness of this approach?
strengths: active techniques, success exper, out of rx contexts, progressive steps
presumably more suitable for nonYAVIS, short-term
research orientation (willing to eval, rel to basic psych theor/res)
weaknesses: potential too mechanical. emo exper w ther. superficial?
nature of ther relationship
what's it like to do this? my exper of util as part of integ approach
relevance to BA level psych services in comm settings
notes for session on implementation

Doll et al article on multi-agency family service team  
early res indicates that must be cohesive group to deliver effective services. probs: top down dec making fails to build ownership, subseq lack of coop can ccopt success of prog. crucial to fostering team cohesion is early id of interlocking roles for team participants, what each will do. another source of cohesion is collab case mangement, joint planning—enhance prob solving, reduce redundancy, ensure successful service delivery. when not collab planning, can have competing perceptions of fam needs that cam prompt services that conflict with one another. also need eval to permits all to judge, need to share data across agencies. pool funds and resources. probs in language and views across disciplines. need strong visionary leader who breathes sprit of collab into team efforts, maintains focus on goals and mission, and assures standards are maintained.

dominance by one agency threatens cohesion. schl is partic danger for dominance in schl based programs. can narrowly focus team efforts on schl valued outcomes. other times, schl can drift into role of client or recipients of those services. can have multiple and conflicting criteria that team members hold as measures of success. wo long range planning, results of most integ service efforts are neither impressive nor successful.

Ft Bragg study, compar integ progs reduced # and duration of restrictive, out of home placements of ch w emo disabilities. can incr access to mh service for kids by at least double. gr satis w services. however not doc as better than trad and may cost more.

this prog. 3 yrs, public schl spec ed dept, dept of soc services, and cmhc met, concerned re out of home or out of schl placements. integ team, one member from each org. would assess and refer, monitor services and coord. 5fte assigned from each agency, other 1/2 stay w agency. 1/2 day trining, mostly referral and record keeping procedures.

eval @ 18 mos. served 33 fams, 19 cases still open. rapidly losing cohesion. schl district admin then left, who had been point person. within 6 mos, decision to disband. 26 of kids were spec ed needs. had team at both admin and line levels.

turned into crisis intervention, rather than assess and referral. median case duration 7.5 mos. very needed fams. staff trained as service providers. basic needs had to be addressed. referrals to cmhc successful < 1/3 of time, >90% for soc services dept or schl district services. tho 4 pt fams interviewed described team as assess & referral. all referral were from schl (only agency to have inservice on the multi-a team). team came to be seen as diversion of resources from mhc and soc service clients rather than alt way to address core issues for those agencies. team had not recog or debated discrepant understanding of schl's role, nor what special expertise schl might contribute to other agencies. about 1/4 of fams uninterested in multi-a referral. team had never established clear goals for fam change and so could not readily id relevant outcomes for eval. hardly any outcome data of any sort (even fu on referral). intervention often reflected the single prof perspective of responding member rather than broader team.
perspective; no clear consensus how to work together. team didn’t have a leader. little
time spent in planning.

Gottfredson et al. 1998
urban middle schl. inter = incr soc competencies, social bonding, and schl success.
most had been demon in prior res to reduce prob beh or its correlates. schl had hx of
successful discipline mangement effort w authors, asst prin active on schl district
committee that encouraged the project. gave botkin’s life skills training, weissberg soc
problem solving, etc. also tutoring & mentoring for hi risk. coop lrgg across schl.
researchers and implementers jointly specified impl standards (defined by %pop
receiving X dosage).
schl incr lower ses and black; very transient (20-30% turnover) due to naval base. very
hi suspension rate, which was major factor in selecting schl for inter.
logs of activities and main ponts made by the instructor.
by end of 5 yr period, prog still in considerable flux. not implemed according to initial
expectations. esp tutoring. less intensity and less %pop, tho some implemed
successfully according to these criteria.
outcome eval (reported elsewhere)—failed to reduce substance use or any other form of
prob beh, or any predictors of those behs.
their training less than typically reported in lit, but more than customary schl district
practice by a large measure. level of complexity did not seem too high. weak
leadership—admin turnover, disband com that rec project. 3 prin and 3 asst prin during
project period, none provided strong leadership for project. schl operated in continual
stage of crisis; need involvement in ps not just crisis management. weak
implementation in schools is a common finding in ed res [331].
careful exam suggests that prev often works best in sites that manage to implement the
prog well. systematic res on variation in prev activity that is not part of a res study is
scarc. avail res suggests major probs in implementation; if that is how usually
implemented in schl, then can be fairly certain that prev does not usually work.
notes for class session on implementation

this session focused on probs in impl prev..and some potential sols

Doll reading on multi-agency family service team...probs:
lack of strong leadership (leadership: sanction/support, promote qual)
lack of consensus re goals & mission (main things to do—referral vs crisis inter)
insuff planning & disc re divergences
schl not viewed as resource for other agencies
takes time and leadership to elaborate new roles
failure to obtain good outcome data to eval service & plan/respond
compare to simple minded description of Austin in film

Gottfredson
most eval res in heavily supported settings—read Elias quote
efficacy vs effectiveness res
success (outcomes) may depend on qual of impl
their res: less dosage than intended. leadership turnover. overwhelmed by crisis
atmosphere. limited training, tho lot for site
did not actually study qual of implementation, just quantity

...my res w clubs...Smart Girls...110 page manual for rx fidelity/integrity (define)
training (1 day; 1/2 manual & role play; 1/2 film pregnancy). supervision
top down. buy-in—motivation, both for line staff and supervisors
obs 2 conseq sessions with staff person Aurelia most oriented to fidelity
read 1st session. could check off did many elements, but poor qual, no lrg
2nd session.....read...coverage; quality
non-specifics......read girls comments on Aurelia (or overhead)
encourage staff to extend range & depth of mentoring beyond normal
supportive setting in which personal could be discussed..encourage st-y rel
prog as means to end...structure can enhance process

how to enhance structure wo diminishing rel?
focus on main, overarching goal....goals for session few in #
build on staff strengths; allow to blend into unstructured nature of setting
incorporate with staff s-d, story telling...use of self as role model
collab w expert staff in design of prog material...cf Charles, did own

sum up
harder than thought if just listen to findings from demon projects
imp to id obstacles in order to address most effectively
collab design proces in which issues explored in depth...cf S&S, Love Canal
leadership....staff engagement
my application (integ res & teaching) to this class
we used to talk to her all about what happened in school and about problems. --Karina

we trusted her and she was a great friend. She was really fun...We had a lot of parties, especially birthday parties. --Samantha

we could talk to her if we had problems or something. She would always understand our problems. --Angelica

we learned about sex and periods. And don’t let a boy touch you or let anyone do anything to you...I feel better when I tell her how I feel. --Maria

She taught us stuff we didn’t know. They let us keep the stuffed animals because she asked. --Maribel

She was like our mom. She tried to help us. --Estephanie

she taught us to be careful, if we didn’t want to have a baby, and about HIV. She would be like a mom because whenever it was our birthday, she gave us a surprise party. --Rosa

We got to talk. She was like somebody special to us. --Alejandra