Conceptualizing and Designing of Social Interventions

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Agenda

Intervention design as a research process:

1. Defining the problem in terms of prevalence
2. Creating theoretical and conceptual frameworks
3. Identifying risk and mediating mechanisms
4. Making treatment manuals
5. Testing (skip for today – no content on design or analysis)

Big topic and goals are to:

• Describe a sequential process in the design of interventions
• Review conceptual models and mediating mechanisms
• Show features of a treatment manual
INTERVENTION

... an attempt to induce change selectively ... [based] not only on the experiences of caseworkers ... but on a broad range of studies bearing on the problems of induced change.

--Briar & Miller, 1971, p. 173

*Note.* Includes systematic changes in practice and policy – changes targeting individuals, families, schools and other organizations, neighborhoods, counties, states, countries, and other aggregations.

*Note.* Scott Briar discussed this idea at the University of Denver GSSW in 1976.
If you want to understand something, try to change it.

--Albert Einstein

I think I am going to do more intervention research.

Okay, now…“R” stands for research and the little bitty “i” stands for intervention.

This is good…so you are going to do intervention research too?
Steps in the “Design and Development” Approach

1. Problem analysis and project planning
2. Information gathering and synthesis
3. Design of intervention
4. Early development and pilot testing
5. Evaluation and advanced development
6. Dissemination

The Process of Building Programs from Research

• Develop treatment manual
• Pilot test with single cases
• Review by experts/consumers
• Collect qualitative data

“Transportability” Problem

Development of Making Choices Programs

- Defining the Problem
  - Incidence
  - Prevalence
- Risk and Protective Factors
- Theory and Risk Mechanisms
- Prior Intervention Research
- Practice Experience
Our Experience

Process of designing and refining interventions

1. Defining the problem in terms of prevalence
2. Creating theoretical and conceptual frameworks
3. Specifying malleable mediating mechanisms within conceptual frameworks
4. Making treatment manuals
5. Refining and testing in “sequential experimentation”
   - Screening alternative program components
   - Refining components in controlled and other studies
   - Identifying moderators
   - Assessing dose-response and provider (e.g., teacher) differences
   - Looking for interactions
   - Identify “active ingredients” (central mediators)
   - Confirming “final” treatment package in larger trial

Key:
- Increase Effect Size
Making Choices: Solving Social Problems

- **Skills** in processing social information and solving social problems
- **Skills in regulating emotions**
  - Understanding feelings and arousal
  - Using self-talk and other techniques to control impulsive behavior and arousal
- **Opportunities** for involvement with prosocial peers
- **Build a sense of community in the classroom or small group through supportive discussion and learning; creating rewards for prosocial behavior**

For outcome studies on Making Choices, see Fraser et al., 2004; Fraser et al., 2005; Smokowski et al., 2004. To see reports: [http://ssw.unc.edu/jif/makingchoices/]
Prevalence: How Big Is the Problem?

Steps:
1. Describe the significance of the problem using prevalence and other data
2. Create conceptual and theoretical model
3. Specify malleable mediators
4. Make treatment manual or protocol
5. Refine and test in sequential experimentation
## Prevalence Rates of Psychiatric Disorder without Impairment Among School-Age Youth

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<thead>
<tr>
<th>Study</th>
<th>N</th>
<th>Age</th>
<th>Sample Characteristic</th>
<th>Methods</th>
<th>DSM</th>
<th>Instrument</th>
<th>ADHD</th>
<th>ODD</th>
<th>CD</th>
<th>GAD</th>
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<td>9-16</td>
<td>Normative sample of rural youth</td>
<td>CAPA (caregiver and youth report; 3 mo prevalence)</td>
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<td>10-18</td>
<td>Indicated sample of juvenile detainees</td>
<td>DISC 2.3</td>
<td>III-R</td>
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**Note:** CAPA=Child and Adolescent Psychiatric Assessment; DISC=Diagnostic Interview Schedule for Children; ADHD=Attention Deficit/Hyperactivity Disorder; ODD=Oppositional Defiant Disorder; CD=Conduct Disorder; GAD=Generalized Anxiety Disorder; SAD=Separation Anxiety Disorder; DEP=Depressive Disorders. *Prevalence estimates reflect rates of diagnosis with impairment.
Why does “any diagnosis” for girls accelerate when it does not for boys? What could be done to prevent the change in trajectory?
Activity #A

- Identify and define the target social or health problem(s)
- Specify the social or health problem(s) in terms of prevalence and trends

Report to group...
Step 2…

Building Conceptual Frameworks
What are the boxes in SW?

WE ENCOURAGE OUR TEAMS TO THINK OUTSIDE OF THE BOX
Reliance on Authority?

A key contribution of evidence-based practice is encouraging social work to move away from an authority orientation...

In the form of reliance on...
- Famous clinicians
- Well-known researchers
- Making unsupported statements, e.g., “The evidence suggests…”
- Other?

Also perhaps single theories?

Is it theory? Is it adequate?

Yes, it makes sense.

Ecological Theory

May be good start. But we need more…
We have culturally- and experience-based assumptions that shape our understanding of social problems.
Conceptualizing the Problem

Perspectives:
- Ecological
- Developmental Psychopathology
- Risk & Resilience

Conceptual Frameworks
- Emotion-Integrated SIP Model
- Social Learning

Explanatory Theories
- Coercion Theory
- Soc. Devt. Model
- Family Stress

Conceptual Model for Intervention

General

Specific
Perspectives
(That Inform Making Choices)

Ecological
Risk and Resilience
Developmental Psychopathological
Ecological Perspective
The Risk and Resilience Perspective

An Interdisciplinary Conceptual Framework
The risk and resilience perspective...

- Risk factor -- increase the probability of onset, digression to a more serious state, or maintenance of a problem condition

- Protective factor -- individual and environmental resources that reduce risk

Resilience – prevailing over adversity; performing better than might be expected given number and nature of challenges
BUT: At high levels of risk, few children may be resilient.

Cumulative Disadvantage Index (0-3): poverty, single-parent household, low parental education

Data: National Health Survey Interview (N=57,553)

In Social Work ... Growing Acceptance of a Risk and Resilience Perspective

- Common language
- Atheoretical – no particular causal structures
- Cross-disciplinary
- **However:** lack of conceptual clarity about risk versus protection (also assets and strengths)
  - Protective interactions
  - Promotive main effects

Developmental Psychopathological Perspective

Biological Risks
Aggressive Behavior
Poor Parenting
Low Family-School Connection
Poor Pre-School Climate
Hostile Neighborhood

Low School Readiness
Aggressive Behavior
Aggressive Behavior
Poor Processing Skills
Poor Emotional Regulation Skills
Poor Parenting
Low Family-School Connection
Poor School Climate
Hostile Neighborhood

Maladaptive Scripts and Schema
Hostile Attribution Bias
Rapid Arousal
Low Conditionability
Peer Rejection
Fighting/wandering
Academic Failure
Poor Parenting
Classroom Dynamics
Hostile Neighborhood

Increasingly Broad Repertoire of Potentially Damaging and Aggressive Behaviors
Conceptual Frameworks

- Social Learning Theory
- Social Information Processing Theory
- Emotion-Integrated SIP
Social Learning Theory

Key concepts

- Modeling / Imitation
- Reciprocal Determinism
- Cognitive Variables
  - Symbolic representations of experiences
  - Expectancies
  - Problem-solving
- Self-efficacy
Emotion-Integrated SIP Model:

1. **State the problem**
2. **Set goal(s)**
3. **Generate potential solutions**
4. **Evaluate potential solutions**
5. **Select & enact the best solution(s)**
6. **Assess outcomes**
7. **Interpret social cues**
8. **Encode social cues**
9. **Interpret social cues**

**Arousal, Emotions, Social Knowledge**

Social Knowledge: Life experiences producing scripts, schemata, skills, and beliefs
Emotion-Integrated SIP Model

5. Response Decision
- Emotion expectations
- Self efficacy evaluation for regulating emotions
  -- Affective nature of relationship w/peer
  - Empathic responsiveness

6. Behavior Enactment
- Emotion production
  - Display rules

1. Encoding of Internal and External Cues
- Affective cues from peer
- Emotion recognition
- Empathic responsiveness

2. Interpretation of Cues
- Affective nature of relationship with peers

3. Clarification of Goals
- Arousal regulation
- Affective nature of relationship w/peers

4. Response Search or Construction

Database
- Memory store
- Social schemas
- Acquired rules
- Social knowledge
- Affect-event links

Emotion Processes
- Emotionality/temperament
- Emotion regulation
- Moods/background emotions

emotional prioritizing
somatic markers

Peer Evaluation and Response

KEY: Italicized components relate to emotional aspects of the SIP model
SIP Model: Another way to look at it

Latent Mental Structures:
(Rules, Scripts, Schemas, Values, Beliefs, and Social Knowledge)

Emotional processes:
(Arousal regulation and encoding emotional cues - internal and external)

Online SIP Processing:
(Encoding, Interpretation, Goal Clarification, Response Search; Response Decision; and Enactment)

Note: Construct of aggression is not articulated in this model
Explanatory Theories
(posit risk processes)

Social Development Model
Coercion Theory
Family Stress Theory
Social Development Model

- Key concepts
  - Opportunities
  - Involvement
  - Skills
  - Rewards
  - Bonding
  - Beliefs

- Risk mechanism specified? – YES
The Social Development Strategy

Healthy Behaviors

Healthy Beliefs & Clear Standards

Bonding
• Attachment
• Commitment

Opportunities

Skills

Recognition

Individual Characteristics

Environmental Conditions

Public Policies

Source: Social Development Research Group, School of Social Work, U of WA
Coercion Theory

1) Key concepts
   - Aversive escalation
   - Negative reinforcement
   - Harsh / lax punishment
   - Reinforcement of aggressive behavior

2) Risk mechanism specified? – YES
Family Stress Theory

1) Key concepts
   - Poverty
   - Family Size
   - Family Structure
   - Parental Stress
   - Coping Skills

2) Risk mechanism specified? - YES
Your Conceptual Model

Assembling concepts in a meaningful, empirically-supported way
Areas to draw from...

- Substantive Theory
  - Draw from multiple disciplines
- Empirical literature – qualitative & quantitative
  - Studies identifying risk and protective factors
  - Studies identifying risk mechanisms
  - Studies evaluating interventions
- Practice Experience
Conceptual Model That Includes All Measured Constructs

Intervention
- Features
- Intensity

Social - Emotional Competence
- Beliefs about aggression
- Self-efficacy
- Empathy

School Climate
- Engagement
- Connectedness
- Feelings of safety
- Parental involvement
- Organizational climate

Behavior
- Responsibility
- Self-regulation
- Cooperation
- Altruism
- Aggression
- Delinquency
- Conduct Problems
- Disruptive Behavior
- Victimization

Academic Achievement

Moderating Factors
- Child risk status
- Parenting practices
- Home atmosphere
- Community risk and protection
- Intervention fidelity/dosage
- Control school SACD-activities

Slide prepared by Tamara M. Haegerich, Research Scientist, Teaching and Learning Division, National Center for Education Research, Institute of Education Sciences (IES), U.S. Department of Education (DOE)
Making Choices Conceptual Model

Potentiating Factors

Child Predisposition
- Gender
- Shyness
- Overactivity
- Other

SES

Ethnicity

Precursors

Parental Beliefs

Family Stress
- Acculturation
- Physical needs
- Family structure
- Family size

Program Targets

Child Skills
- Social competence
- Information processing
- Beliefs about aggression
- Problem-solving

Family Processes
- Cognitive-emotional
- Problem-solving
- Discipline/monitoring
- School involvement
- Familism

Distal Outcomes

Child Behavior
- Emotion regulation
- Social competence
- Authority acceptance
- Prosocial behavior
- Concentration

Social Relations
- Social contact
- Acceptance by prosocial peers
- Teacher-child closeness

Promoting social development for school success...

*Italics = Program Goals*
Making Choices Conceptual Model

**Potentiating Factors**
- Child Predisposition
  - Gender
  - Shyness
  - Overactivity
  - Other
- SES
- Ethnicity
- Family Stress
  - Acculturation
  - Physical needs
  - Family structure
  - Family size

**Precursors**
- SIP Model
- Parental Beliefs
- Sociocultural Development Model

**Program Targets**
- Child Skills
  - Information processing
  - Beliefs about aggression
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**Making Choices Conceptual Model**

*Italics* = Program Goals

Promoting social development for school success...
For Conceptual Frameworks, Must Draw on Advances in Scientific Knowledge

Major concepts and constructs from:

- Genetics and biology
- Cognition (e.g., possible selves) and neuroscience (e.g., inhibitory control)
- Prevention science and outcome studies
- Specific fields
  - Child Development
  - Aging
  - Substance Abuse

Three Important Recent Findings: The Biopsychosocial Perspective

1. Genetic risk is environmentally mediated.
2. Cognitive processes mediate early risk and later developmental outcomes:
   - Social knowledge
   - Scripts
   - Schema
   - Patterns in processing information
3. Cumulative risk may be more/as important than specific risk factor*

Sources: Dodge & Pettit, 2003; Rutter, 2005; Sameroff & Gutman, 2004*
Example: Environmental Suppression of Genetic Liability for Shyness

Point: At least some genetic risk appears to be environmentally mediated, and the key environmental mediators appear to be malleable.

- Children with two 5-HTT genes (alias the long allele group, n=18) tended to be very shy.
- But of children with one 5-HTT gene (alias the short allele group, n=55), only those with mothers who provided low support (intimacy, social integration, self esteem, nurturance, and assistance) were shy.


“We don’t know the molecular mechanism by which a mother’s behavior reaches down to inhibit or elicit the expression of a gene, but clearly that’s happening.” --Nathan A. Fox
POINT: At least some early adversity (risk) appears to be mediated by cognitive processes, and these processes appear to be malleable.

How to disrupt a risk mechanism?

- Assess for cumulative risk
- Identify malleable elements (e.g., skills) of putative risk/protective mechanisms
- Develop activities congruent with race/ethnicity, culture, gender, age
- Change environmental conditions that interact with biological risk to elevate stress and promote expression of a genetic disorder

Stress-Vulnerability Model with Cognitive Features?
Step 3…

Steps:
1. Describe the significance of the problem using prevalence and other data
2. Create conceptual and theoretical model
3. Specify malleable mediators
4. Make treatment manual or protocol
5. Refine and test in sequential experimentation
What Is Mediation?

Note: Mediation is said to occur when $c' < c$

Why specify mediation?

- Understand latent processes – the “active ingredients” – producing positive outcomes
- Optimize effects of treatment (i.e., by narrowing the focus of treatment)
- Describe helpful processes that may exist outside of treatment (i.e., effective interventions may represent health-promoting, adaptational processes that operate normatively to promote resilience)
- Identify moderators – factors on which success may depend (e.g., child age)

Example #1

Selection of Mediating Mechanism by Drawing on Relevant Theory: The Making Choices Project

Note: Must be sure that theory is based on adequate sampling of persons who experience the social or health problem.

Theoretical Bases for Intervention: SIP Skill and Emotional Regulation as Mediators?

- State the problem
- Interpret social cues
- Encode social cues
- Set goal(s)
- Generate potential solutions
- Evaluate potential solutions
- Select & enact the best solution(s)
- Assess outcomes

**Arousal, Emotions, Social Knowledge**

Social Knowledge: Life experiences producing scripts, schemata, skills, and beliefs
Example #2

Selection of a Mediating Mechanism by Specifying a Risk Mechanism:
The Strong Families Program

Fish sticks for dinner?

Risk Mechanism in the Strong Families program...

For a report on Strong Families, see Fraser et al., 2004
Coercion Risk Mechanism

1. Parents makes request.
2. Child responds coercively (aversive escalation).
4. Parent is frustrated. Anger builds as child continues to ignore request.
5. Parent responds with force (and is increasingly distanced from child).
6. But parent behavior is rewarded by the child’s coerced compliance.

Challenge: Identify and interrupt risk mechanisms…
So....

What is your conceptual model?

What risk mechanism(s) to disrupt?
Fitting Plans to Realities

Ideas can be too big for practice!

Ideas must fit the context.

Activity #B

- Specify the mediating (risk) process(es)
- Draw your conceptual framework

Report to group…
Step 4...

Make Treatment Manuals

- From risk mechanisms and mediators to the conceptual framework to the design of treatment
- Specifying treatment activities that target the malleable mediators and have cultural congruence
- Example: Making Choices

Warning: It is easy to underestimate the difficulty of developing a treatment manual.
“That Sunk Feeling”

If the practice is wrong, it usually does not help to dig deeper!

Start with a blank slate...

Develop a template for each lesson or session
Recognizing Your Feelings

Objectives:
- The learner will recognize that certain situations bring out feelings in all of us.
- The learner will practice recognizing their own feelings.
- The learner will use personal experiences and knowledge to interpret written and oral messages. (SCS- LA 3.01)
- The learner will write structured, informative presentations and narratives when given help with organization. (SCS- LA 4.08)

Materials:
Penguin Facts page, Response Sheets, Write About It worksheets A and B

Introduction
Review the idea that we all experience a variety of emotions and responses to emotions. Even when we experience the exact same situation, we may have different responses to the situation. Our responses to our feelings can cause us to do good things, but at times they can also cause us to do things that are not helpful.

Activity I: Pete the Penguin
Using two columns, list on the board the emotions presented in Lesson 1 of the book, The Way I Feel.

| Column I - Emotions that Feel Good: | happy, silly, excited, proud, or thankful |
| Column II - Emotions that Don't Feel Good: | scared, sad, disappointed, bored, angry, or jealous |

Introduce the students to Pete the Penguin using the penguin puppet. Pass out the Penguin Facts page and discuss the factual information about penguins. Explain to the students that Pete has experienced events that have brought out many different emotions. Sometimes his emotions feel good, but at other times they don’t feel very good at all.

Review the emotions listed in the columns on the board. Then give each student four small pieces of paper (about the size of a note card). Read aloud the following events involving Pete the Penguin. After reading each event, ask the students, “How would you feel?” Give the students enough time to record their responses on one of...
their blank pieces of paper. They can use the emotions on the board to express how they would feel or they may provide their own responses.

After you read each situation, collect a few responses randomly and read them aloud (so as not to bring attention to specific student responses). As you read through each response, discuss whether the event brought out a good feeling or a not-so-good feeling. The texts are ambiguous so that students can develop their own interpretations—not all students will feel the same way about each situation. Discuss the idea that everyone heard the same event, yet the feelings were different in many instances.

- Today Pete walked in the classroom. As he walked to his desk, Pete noticed Susan and Tony talking quietly and laughing. They both looked up at Pete and giggled. If you were Pete, how would you feel?
- When Pete was on the playground, he saw a group of students playing ball. He went to join them, and they told him he could play as soon as they started the next game. If you were Pete, how would you feel?
- At lunch, Pete was sitting next to Jermaine. Jermaine opened his lunch and Pete looked inside. All he saw was two cookies and a drink box. If you were Pete, how would you feel?
- Pete’s teacher told him he could play a game with Juan as soon as he finished his writing assignment. If you were Pete, how would you feel?

After discussing the above events, ask the students how they recognize when they are feeling certain emotions. “What happens when you start to feel angry?” “Happy?” “Frustrated?” and so on. (Example response: When you are getting angry- you might get hot, start to shake, get tense, grit your teeth, etc.)

Leave the list of emotions on the board to use in Activity II.

**Activity II: Write About It**

Give the students the Write About It page. On the top of the sheet, have students write about an event in their life that caused them to experience an emotion that made them feel good. On the bottom of the sheet they can write about an experience that caused an emotion that didn’t feel good. Each narrative should describe the emotion, what caused it, and how they responded to the emotion. Students can refer to the columns on the board to choose the emotions they want to write about. Share the following examples aloud or on a transparency:

Example 1:
Once I felt excited when I was going to my friends party. I knew I felt this way because I was smiling and jumping around.
Develop all worksheets and artwork
A good feeling:

Once I felt ______________ when ____________________________

__________________________

__________________________

__________________________

__________________________

I knew I felt this way because ____________

__________________________

__________________________

__________________________
A not so good feeling:

Once I felt ____________________ when

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

I knew I felt this way because_______________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
"Pete the Penguin" Poster for Grade 2

STOP & THINK STEPS

STEP 1: FEELINGS
identify how you feel

STEP 2: STOP
take 3 deep breaths or count to 5

STEP 3: THINK
What do I want to do? What should I do?

STEP 4: RESPOND
Think of an appropriate response to the situation
Activity #C

- Decide on a **format** for your treatment manual
- Develop a logical and **sequential order** for units (or sections) Create a sequential outline of units (or sections) and lessons or sessions within units
- Develop **two lessons or sessions**. Draft up worksheets, group process or other guides (e.g., how to approach residents, working with reluctant participants, controlling disruptions), artwork – as needed.
Dinner – Thursday
Review: Four Steps

1. Define problem and (national) significance in terms of prevalence

2. Create theoretical and conceptual framework (comprised of risk and protective factors)

3. Identify the malleable, mediating mechanisms

4. Make a treatment manual designed to disrupt risk mechanisms and promote protective processes
From our predecessors...

...group experimental research has represented a major departure from earlier experiments in social work, in which researchers were cast primarily in the role of evaluators with little involvement in the design and operation of the service programs... A particular strength of the [emerging] model is that it enables researchers to design and shape their own interventions and then test them. (p. 180)

-- Bill Reid, 1928-2003

To do this, you have to be creative and know a little bit about a lot – the problem, theory, risk factors, adaptive mechanisms, practice strategies, research design, politics (in working with agencies or academics), and ethics. It is hard … but very rewarding. I hope the challenge of intervention research becomes part of your career!
Friday – Morning
Two Kinds of Integrated Theoretical Conceptualizations

- **Theory of the Problem**
  - Specifies risk and protective processes, including mediators
  - Describes the conditions giving rise to risk
  - Identifies the targets for change
    - Cognitive, emotional, and behavioral **skills**
    - Attitudes and beliefs
    - Attachments
    - Opportunities
    - Reward structures
    - Other?
Theory of Change

- Specifies the conditions needed to alter risk and protective processes
  - Models of learning
  - Means for skills training
  - Methods to alter social influences and rewards
- Describes the complex causal mechanism through which change is expected to occur
Core Elements of a Theory of Change
(complex causal chain explaining the efficacy of an intervention)

Random Assignment

Core #1: Training the Intervention Agent (IA)
Core #2: Application of the Intervention by the Intervention Agent
Core #3: Response of the Participants to the Intervention
Core #4: Impact on Proximal Outcomes
Core #5: Impact on Distal Outcomes

Effect on risk and protective mechanism identified as keystone factors in problem theory and targeted as active ingredients in treatment.

Characteristics of the Participants

- Transfer of skills to IA
- Formal training
- Clinical Supervision
- Ongoing Consultation
- Concrete steps in delivering the intervention
- "Completeness" of delivering intervention
- Immediate responses of participants in terms of treatment engagement, skill acquisition, etc.

Reciprocal Causation: Dynamic interchange between IA and participants "co-constructs" intervention (not "top-down")

Effect on risk and protective mechanism identified as keystone factors in problem theory and targeted as active ingredients in treatment.

Note: In a randomized trial, you must figure out a way to measure each of the core elements.

Core Elements for Making Choices

Core #1: Training the Teacher or Worker
Core #2: Application of Making Choices by Teacher or Worker
Core #3: SIP skills of the Children in the School
Core #4: Impact on Social Engagement and Peer Rejection
Core #5: Impact on Disruptive Behavior and Youth Violence

Random Assignment

Characteristics of the Teacher or Worker
Characteristics of the Children and the Classroom

Treatment as Usual Control Condition

Note. In a randomized trial, you must figure out a way to measure each of the core elements.
The “Molar” Treatment Package: Based on Your Theory of Change

- What the practitioner says when she first meets the parents,
- How she responds to the first few things the parent says,
- Whether the parent regards her as having good intentions,

Point: A treatment manual is not enough.
Also...Unobserved Adherence Model

- Whether the parent has more pressing problems,
- Whether the parent’s children are being adequately supervised,
- Whether the time of the training is convenient,
- Whether transportation is available, and so on.

What is your molar treatment package?
To improve adherence...

- Personalized approach to recruitment and retention
- Culturally-sensitive, indigenous staffing
- Timing and targeting of program efforts to key transitions (e.g., graduation to middle school)
- Matching of participants’ interests to program content (e.g., promoting children’s achievement)
- Extensive monitoring (weekly data?)

Source: Prinz, Smith, Dumas, Laughlin, White, & Barron, 2001
Supplemental Activity

Develop your molar treatment package by describing the essential environmental conditions for your intervention and how you will develop these conditions.
Culture and Construct Validity
Definition

Culture – values, norms, expectations, and behaviors that are at once transmitted from parents to children and influenced by the changing characteristics of the context.

Source: Hughes & Seidman, 2002
Construct Validity and Culture

- Linguistic equivalence
  - Do words carry the same meanings and nuances?
- Relevance
  - Design of interventions – Nabila
  - Selection of measures
- Structural (scale) equivalence
  - Same number of constructs?
  - Same relationships across constructs?
  - Comparable factor loadings?

Source: Hughes & Seidman, 2002
Culturally-Congruent Constructs?

- Relational aggression
- Familism
- Personalismo
- Racial socialization
- Ethnic identity
- Many others ...
Treatment Fidelity and Participant Adherence

Did you complete the protocol?
Treatment Implementation

- Clarity of program elements
- Training and clinical supervision of staff
- Management of organizational contingencies
- Tenacious program monitoring and data collection on implementation
Dimensions of Implementation

- **Fidelity**: Amount and quality of intervention actually delivered
  - **Amount**: Have the key components been delivered/are they doing what they are supposed to be doing?
  - **Quality**: Are they doing it well (with enthusiasm/in the spirit in which it was meant)?

- **Dosage**: Amount of intervention received by the student (e.g., child attended school every day so she received a full dose of the intervention).

- **Intensity**: Amount of intervention offered as part of the program (e.g., lessons 5 days per week vs. lessons 1 day per week)
## Fidelity: Amount and Quality

<table>
<thead>
<tr>
<th>Services Delivered to….</th>
<th>Fidelity: Amount</th>
<th>Fidelity: Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>Hours of pre-intervention training and in-services, # of consultations w/implementation advisors, etc.</td>
<td>Participant ratings of quality of training, in-services, consultations</td>
</tr>
<tr>
<td>Students by Teachers</td>
<td># of lessons delivered, # of various other classroom-based activities implemented, etc.</td>
<td>Observations re: quality of lesson delivery</td>
</tr>
<tr>
<td>Parents</td>
<td># of program-related communications with parents, # of parent workshops, etc.</td>
<td>Parent ratings of the quality of communications, workshops, etc.</td>
</tr>
<tr>
<td>Students by Parents</td>
<td># of &quot;homework assignments&quot; completed, # of family component lessons delivered by parents</td>
<td>Student and teacher ratings of the quality of implementation of homework assignments, lessons delivered by parents</td>
</tr>
<tr>
<td>Students by School</td>
<td># of school-wide program events</td>
<td>Participant ratings of quality of school-wide events</td>
</tr>
</tbody>
</table>
Lesson 1
Making Choices is a research project in which we measure the amount of instruction students receive and then measure changes in their behavior. After each Making Choices lesson, please fill out this Session Feedback form so we can track the lessons you teach. **THANK YOU!!**

<table>
<thead>
<tr>
<th>Date(s) of this lesson:</th>
<th>Length of session(s) (in minutes):</th>
</tr>
</thead>
</table>

**In conducting this lesson did you...**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Read the “Teacher Tips” sheet describing the problem-solving steps</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>2. Tell the class about having a plan to respond to social situations</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>3. Activity I - Fantastic Friends Comic Book: Put the students in groups and pass out comic strip book</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>4. Have students answer the questions after reading the comic strip book</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>5. Show the students the Fantastic Friends poster</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>6. Activity II - Fantastic Friends to the Rescue: Review the roles of the Fantastic Friends</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>7. Pass out the <em>Fantastic Friends to the Rescue</em> sheet</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>8. Tell students to decide which Fantastic Friend should rescue each student and explain how they made their decision</td>
<td>①</td>
<td>②</td>
</tr>
<tr>
<td>9. Let students share examples of how they use these skills well and areas where they think they can improve</td>
<td>①</td>
<td>②</td>
</tr>
</tbody>
</table>

We REALLY value your insights. Please tell us about additional content you would add or changes you would make to this lesson. (You can use the back of the page too.)
<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>GRADE</th>
<th>TEACHER</th>
<th>Lessons taught (out of 8)</th>
<th>Total minutes</th>
<th>Average activities completed</th>
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<tr>
<td>Grantham **</td>
<td>4th</td>
<td>Amber</td>
<td>8</td>
<td>330</td>
<td>87%</td>
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<tr>
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<td>Angie</td>
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<td>330</td>
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<td>Susan</td>
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<td>Joy</td>
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<td>385</td>
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<td>8</td>
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<td>Erin</td>
<td>8</td>
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<td>Sandy Grove **</td>
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<td>Beth</td>
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<td>Latonia</td>
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<tr>
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<td>Rachel</td>
<td>8</td>
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<tr>
<td>Sandy Grove **</td>
<td>4th</td>
<td>Connie</td>
<td>8</td>
<td>315</td>
<td>62%</td>
</tr>
</tbody>
</table>
Friday – Afternoon
Ethical Issues

- Competing financial and other interests in developing ‘successful’ interventions
  - Accrued academic status and honors
  - Royalties and speaking honoraria
  - Consulting and training fees
  - Privatization of training and other fiscal gain (equities)

- Goal: Minimize the extent to which financial considerations affect design and conduct of studies
  - Disclosure of financial interests
  - Role of fiduciary (trusted to act on behalf of others for their benefit)
    - Insure sound science
    - Maximize protection of human subjects

Key Question: Will a competing interest create or have reasonable potential to create a bias?


Making Choices Program

To see sample lessons, recent presentations, and research reports on the Making Choices Program and to order a copy of the clinical treatment manual, see:

http://ssw.unc.edu/jif/makingchoices/