Research that changes lives

from the School of Social Work at The University of Texas at Austin
WHO WE ARE
Since 1950, the School of Social Work at The University of Texas at Austin has been producing outstanding professional social workers to serve Texas and the nation. The school currently ranks among the top ten social work programs in the country.*


OUR MISSION
We are committed to providing national leadership to promote social and economic justice, alleviate critical social problems, and enhance human wellbeing. As we look to the future, our vision is clear: to preserve our high ranking among the top programs in the nation, and to define social work practice and research.

OUR RESEARCH INSTITUTES
Addiction Research Institute
Child & Family Research Institute
Health Behavior Research and Training Institute
Institute for Collaborative Health Research and Practice
Institute for Community Development
Institute for Organizational Excellence
Institute on Domestic Violence & Sexual Assault
Texas Institute for Excellence in Mental Health
The Institute for Restorative Justice and Restorative Dialogue

RESEARCH ASSISTANTS
Martin do Nascimento
Channing Spears

EDITORS
M. Andrea Campetella, Ph.D.
Director of Communications
Carol Lewis, Ph.D.
Associate Director for Research

We are pleased to present this compilation of currently funded research projects housed at the School of Social Work at The University of Texas at Austin.

In fulfilling the school’s mission, our researchers provide national leadership to promote social and economic justice, alleviate critical social problems, and enhance human wellbeing. Faculty members are especially known for their expertise in substance abuse, child welfare, interpersonal violence, mental and behavioral health, restorative justice, and palliative care.

Our researchers address some of the most challenging human issues by working collaboratively with practitioners and researchers in other disciplines such as business, criminal justice, law, government/public affairs, nursing, medicine, and public health.

We are proud to say that the scope of research at our school is deep and wide. We examine phenomena both at the individual and system levels, and study a range of factors that influence the human experience. We do this through various approaches – intervention studies, secondary data analyses, epidemiological investigations, qualitative examinations, program evaluation, community-based participatory research, policy analysis, and even market research.

Most projects are part of one of our nine research institutes. Directed by social work faculty, these multidisciplinary institutes provide expertise and a range of services including program evaluation and training to research and practice communities.

During fiscal year 2014-2015 we had over 60 externally funded projects with more than $17 million in awards from various federal, state and city sponsors, as well as foundation and non-profits. This represented a 37 percent growth in total awarded funding from the previous fiscal year.

Our research effort is also an important source of educational experience for students in social work and related disciplines. Projects provide employment for about 68 graduate and undergraduate students each year and, perhaps more importantly, allow them to see the real-world application of classroom principles and instruction.

In the following pages we highlight a handful of projects but we invite you to learn more by visiting our website, socialwork.utexas.edu.

We have no doubt that the efforts of our faculty, researchers, and students make a significant, positive difference in the wellbeing of individuals, families, and our society as a whole.

Luis H. Zayas, Ph.D.
Dean and Robert Lee Sutherland Chair in Mental Health and Social Policy

Noël Busch-Armendariz, Ph.D.
Associate Dean for Research
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The damaging effect of alcohol and tobacco on fetal health is well known, and recent research indicates that prenatal marijuana use is linked to poor birth outcomes including higher risk of infant mortality. And yet, these three substances are the most commonly abused among women of childbearing age. More than 50 percent of pregnancies in the U.S. are unplanned, which means that many women, unaware that they are pregnant, are using alcohol, marijuana and tobacco in their first and second trimesters, a critical period for fetal development.

“A preconception approach to prevention is vital to reducing disorders caused by substance exposure during pregnancy,” says Mary Velasquez, director of the Health Behavior Research and Training Institute. “We know, for example, that alcohol use during pregnancy is the leading cause of preventable birth defects. Marijuana use, which is on the rise, is associated with stillbirth as well as long-term effects on children. Encouraging women to choose healthy behaviors before they get pregnant can substantially reduce the significant personal and social costs of fetal substance exposure,” Velasquez adds.

With a $2 million grant from the National Institutes of Health, institute researchers will compare CHOICES4Health — an interactive, tablet-based prevention approach — to brief in-person counseling sessions.

Both interventions are designed to reach preconception women during routine visits for primary care and increase their motivation to change behaviors that could result in substance-exposed pregnancies.

The tablet-based intervention, CHOICES4Health, aligns with the need to offer innovative, cost-effective and efficient substance-use screening and treatment in front-line medical settings.

CHOICES4Health is an adaption of CHOICES, an evidence-based intervention that Velasquez and the institute team developed and tested with support from the Centers for Disease Control and Prevention (CDC).

CHOICES is currently being used in primary care clinics, ob-gyn practices and substance abuse clinics throughout the United States as well as in Canada, Russia and South Africa.

“This new study builds upon our long-standing efforts to produce evidence-based practices that have been shown to prevent substance-exposed pregnancies,” says Kirk von Sternberg, the institute’s associate director.

The CHOICES4Health study also aligns with the institute’s current $1 million grant with the CDC as a national partner in cross-discipline initiatives to promote evidence-based clinical practices to prevent Fetal Alcohol Spectrum Disorders.

“We are excited to collaborate with the CDC and other national partners such as the American Academy of Family Physicians, the National Association of Social Workers, and national nursing organizations,” von Sternberg says.

“These are very exciting times for us,” Velasquez concludes. “It is deeply gratifying to be a part of this national effort to promote the widespread adoption of the CHOICES intervention.”

Learn more: sites.utexas.edu/hbrt/
In fall 2015 students at The University of Texas System began participating in the nation’s most comprehensive study on sexual assaults ever conducted on a college campus.

The study, which will continue for the next four years and covers 13 of 14 UT System campuses, is being conducted by Noël Busch-Armendariz and the team at the Institute on Domestic Violence & Sexual Assault (IDVSA). Researchers will collect data through online questionnaires for students; surveys and focus groups of faculty, staff and campus law enforcement; and a four-year cohort study of students to identify the psychological, emotional, and economic costs of sexual violence.

“The number of sexual assaults reported to college law enforcement is generally the tip of the iceberg,” says Busch-Armendariz.

“Sexual assault and other forms of intimate and interpersonal violence are among the most underreported of all violent crimes. Determining the prevalence will help understand how many students face these traumatic events on our campuses and offer suggestions on how to respond to victims’ needs,” she adds.

Researchers will select a sample size of students who reflect the demographics of their institutions to anonymously and voluntarily answer questions about their sexual violence experiences during their college career. This will help researchers determine the prevalence of such incidents. The survey, which will gather data from self-identified victims, commenced in fall 2015 and will be repeated in two years.

In conjunction with the online questionnaires, Busch-Armendariz and the IDVSA team will conduct a “medium dive” component of the study at four of UT System campuses: UT El Paso, UT Arlington, UT Austin and UT Medical Branch at Galveston. This analysis will use focus groups and surveys to gather data from faculty, staff, law enforcement, administration and students to determine how these crimes are reported, how the university responds, and the policies and procedures that initiate when crimes are reported.

Busch-Armendariz and her team will also examine the economic cost of intimate and interpersonal violence. A victim may change majors, delay graduation or drop out of school altogether, costing them forgone income from a projected career. There are also institutional costs related to prevention and counseling, adjudication, and addressing student safety.

In a 2011 study, Busch-Armendariz and Bruce Kellison, associate director of the Bureau for Business Research at UT Austin, determined that sexual assault crimes cost the state of Texas $8 billion annually. The costs related to addressing intimate and interpersonal violence on college campuses, however, are still unknown.

The researchers will interpret these data and refine the methodology in the first two years of the UT System project and eventually expand the medium dive phase to the eight other UT System campuses.

In the final component of the study, the IDVSA team will conduct a four-year study with a cohort of UT Austin students that will include victims and non-victims (the “deep dive”).

“The cohort study will help us understand students’ knowledge, attitudes, and experiences over their college careers. More than a snapshot, it’s a careful study of college students’ ongoing experiences,” says project director Leila Wood.

Results from the online questionnaire, the medium dive, and the deep dive will be used by each participating UT System campus to develop programs, policies, and procedures that create a safe learning environment. The study was designed to be customized to each campus’ unique culture and environment.

Learn more: sites.utexas.edu/idvsa
When dealing with school discipline, zero tolerance policies have failed to deliver good outcomes. Research has found that school suspensions correlate to academic failure and affect minority youth disproportionally. To make matters worse, zero tolerance policies fuel the school-to-prison pipeline as students are ticketed for disciplinary infractions or otherwise fed into the juvenile justice system.

"Restorative Discipline is an alternative, prevention-oriented approach that fosters accountability and amends-making," says Marilyn Armour. "Instead of asking: what rule was broken, who broke it and what should the punishment be, Restorative Discipline sees wrongdoing as a violation of relationship and asks: what happened, who has been affected, and what are we going to do to make things right."

Armour directs the Institute on Restorative Justice and Restorative Dialogue at the School of Social Work. She has recently received funding from the Texas Education Agency to conduct training sessions in Restorative Discipline in ten Education Service Centers, which provide support to school districts and charter schools throughout the state.

The training is for school administrators, who will be able to customize Restorative Discipline to their campuses, communities, and student bodies, and for Restorative Discipline coordinators, who will be in charge of managing the successful implementation of the method on each campus, training teachers and staffers, and collecting data to evaluate results.

"We have implemented Restorative Discipline with great success in a San Antonio school, and we are excited about making this critical program accessible to hundreds of schools across the state," Armour says.

In 2012, Armour and her team inaugurated implementation of Restorative Discipline in Texas through partnering with Ed White Middle School, a San Antonio school with some of the highest disciplinary sanction rates in its district. Sixth-grade teachers were trained in restorative discipline in the summer of 2012, seventh-grade teachers were added in 2013, and eighth-grade teachers in 2014, the project’s final year.

"The main goal is to create a different kind of school climate," Armour explains. "When a student misbehaves, instead of saying 'go to the office,' it's about stopping and engaging with that student in a meaningful way. It is time-consuming, but it's about investing in the creation of a different kind of climate that pays dividends when times get tough."

After the first year of Restorative Discipline at Ed White Middle School, there was an 87 percent drop in off-campus suspensions and a 44 percent decrease in total suspensions. After the second year, the trend of lowering suspensions continued, and overall school climate improvement was reflected in student performance. Ed White Middle School ranked No. 2 for improved student progress among 40 other middle schools with the same demographics, and it earned State Accountability System distinctions for student achievement in English, math and social studies.

Restorative circles are one key method implemented at Ed White Middle School. Led by an adult facilitator, a restorative circle brings together the students in conflict in a setting that emphasizes mutual respect, deep listening, and the search for a consensus-based solution. The solution agreed upon is then written in a binding document that all circle participants sign and promise to uphold.

Stephanie Frogge, who was the Restorative Discipline coordinator at Ed White Middle School, says that students embraced the approach and even added their own original contributions. They came up with the idea of a form they could fill out to request a restorative circle whenever they felt there was a situation that needed to be addressed.

According to Frogge, “circling it” soon became a popular phrase at Ed White Middle School.

“There was this tense situation between a sixth- and a seventh-grader,” Frogge remembers. “And the older girl said ‘I could fight you, but I’m not going to do it. I’m going to circle it.’

"Learn more: utexas.edu/research/cswr/rji"
Liz, a 14-year-old high-school student in Edinburg, Texas, is passing all her classes and enjoying going to school every day. She is thinking about college and professions where she can help other people.

Three years ago, however, these seemingly typical behaviors were very far from Liz’s reality. She was diagnosed at an early age with a range of behavioral disorders, and as she grew so did her challenging actions, both at home and in school. The middle child of five siblings, Liz did not stop and think before acting, did not accept consequences for her own behavior, and showed disrespect to her family members. She talked back to her teachers, skipped classes, was frequently suspended, and regularly engaged in risky behaviors like running away from home. Before she turned 12, Liz had been in a psychiatric hospital multiple times, including a hospitalization following a suicide attempt.

The changes that Liz and her family have experienced are due in part to wraparound, an intensive and individualized care planning and management process that helps children like Liz reach their full potential while staying in their homes and communities. “Wraparound targets children and families with the most intensive needs, many of whom are involved in multiple systems. They have mental health issues, but they might be also in trouble in school or with the law. The goal is to coordinate services, funding, and communication across these different systems, to maximize resources and make a real difference in families’ lives,” says Molly Lopez, who directs the Texas Institute for Excellence in Mental Health (TIEMH).

TIEMH has partnered with Texas System of Care, a consortium funded by the Texas government to help improve the coordination of state services for children. As a partner to this consortium, TIEMH is leading the implementation and evaluation of wraparound through the state. To do so, TIEMH has been working with the National Wraparound Implementation Center, which offers a strong, evidence-based model to implement wraparound effectively.

The wraparound process starts with a facilitator engaging the youth and family, and drawing upon the strengths and resources of a committed group of family, friends, professionals, and community members, all of whom form the wraparound team.

One difference between wraparound and traditional mental health services is the focus on the needs of all family members, rather than solely on the needs of the child or youth. Another difference is that team members are actively encouraged to think outside the box to meet those needs, and to commit to be an active part of the solution for the family by taking part in specific tasks.

For instance, during one of Liz’s wraparound team meetings, her teacher suggested that she join open gym during the summer and offered to monitor Liz’s school progress. The team also built upon Liz’s good relation with her little sister, and looked for programs they could do together. The fact that the family was about to be evicted from their house owing to Liz’s behavior was also discussed, and the case manager in the team helped Liz’s mother with a housing application.

To access an array of services broader than what is usually available within public mental health options, wraparound teams in Texas may have access to a Medicaid waiver called Youth Empowerment Services (YES).

“The YES waiver allows wraparound teams to pay for non-traditional services for which there is not much available funding, such as respite care, mentoring, employment services, or non-traditional therapies,” says Erin Espinosa, who is leading the YES waiver expansion for TIEMH.

“In the long-term, the idea is that the family moves away from having these formal system supports, such as case managers and therapists, and towards having more natural supports—friends, neighbors, pastors, etc.” Lopez says.

Since 2013, TIEMH has trained more than 560 facilitators or supervisors in wraparound across Texas. TIEMH also offers both in person and virtual coaching to facilitators and their supervisors, and supports the measurement of practice fidelity and outcomes, so that agencies can improve and sustain their programs over time.

Learn more: sites.utexas.edu/tiemh
The Texas Department of State Health Services estimates that, every year, over 17,000 women are diagnosed with breast cancer in Texas, and that one in five of them will die. Early detection screenings can make a world of difference. When breast cancer is found at an early and localized stage, 98 percent of women survive five years or more after diagnosis.

A complex bureaucracy of overlapping and fragmented health systems, however, deters many low-income women in Texas rural areas from accessing needed cancer screening services. Take for example Michelle, a wife and mother of two who works at the local daycare and earns just enough to make ends meet for her family, but too much to receive Medicaid. The Texas county where Michelle lives has a full-service health department offering mammograms for all women who qualify for a state-wide program that provides services for families with income below 200 percent of the federal poverty level. The program covers the test but requires patients to pay for the professional radiology reading needed to make sense of the mammogram—at least $100 out of pocket. This cost discourages Michelle and many women like her from pursuing screening exams altogether.

But if Michelle drives 30 minutes into a neighboring county, its health department would cover the entire cost of mammogram and professional radiology reading, because this county participates in the federally funded program Breast and Cervical Cancer Services. The cost of gas would be much less than the $100 Michelle would have to pay for the radiology reading in her home county.

The Regional Friend to Friend Patient Navigation program is designed to provide women like Michelle with the missing links in the fragmented health system, so that they can afford early screening services that can save lives.

"Patient navigators are instrumental to help detect cancer earlier, which means that treatment will be more likely to work and will cost less," says associate professor Catherine Cubbin, who is collaborating with Texas A&M AgriLife Extension to implement the program.

The navigator program builds upon the success of Friend to Friend, an evidence-based program that promotes the organization of “pink parties” to bring awareness about the importance of breast and cervical cancer screening.

“Our role is to develop and evaluate the program, so that we can improve it,” says Cubbin. “We make sure that the program is reaching uninsured and underinsured women in rural areas, and we follow-up with them to find out about their experience and whether or not they received services.”

Regional Patient Navigators are unique in that they are community members who understand the local health care system and the social and cultural issues that affect women in their particular area.

“It’s better to pay for a surgery now than to pay for my funeral,” says a woman treated for a dangerous pre-cancerous condition after attending a Friend to Friend event. “I’m very vocal with my sisters and friends about the importance of early detection. I tell them, ‘Why are you waiting for a screening? Just do it!’”

Friends tell friends to make a difference in cancer survival
Technology is everywhere. You see the ubiquitous smartphone or tablet in the hands of the five-year-old in his car seat, the 15-year-old texting friends and the 35-year-old keeping up with the office while vacationing.

Namkee Choi decided that it was a good idea to bring technology to older adults with a specific purpose: delivering psychotherapy to their homes.

Medically ill, homebound older adults are more vulnerable to depression than their more active peers. Isolation and multiple stressors, Choi explains, can contribute to the problem.

"When I say isolation, I mean they are isolated from meaningful social engagement or social activities, even if there are a lot of people coming to their house, such as home health care workers, other service providers or informal caregivers," Choi says.

"Older adults depend on other people for so many things, but it can be very stressful to have all these helpers in your home all the time," she adds.

Studies indicate that depressed older adults who take medications for their conditions prefer talk therapy to antidepressant medications. Even so, there is a stigma and discomfort attached to seeking psychotherapy.

Choi experienced that firsthand as a Meals on Wheels volunteer.

"One of my first grocery-shopping clients in Austin, an 86-year-old woman, kept telling me, ‘I am so depressed.’ But she was reluctant to go to any clinic-based therapy because she didn’t want to be seen doing so. In any case, she could not drive and could not afford other transportation, so she really had no way of getting to a therapy session,” Choi remembers.

Options that involve either transporting homebound older adults to clinics or the clinicians to homebound older adults’ homes are costly, and in-home psychotherapy programs are not widely available in most communities.

Choi’s experience with older adults when volunteering for Meals on Wheels prompted her idea of testing the viability of delivering Problem Solving Therapy or PST through telehealth — or, in lay terms, through Skype.

Older adults who participated in her study were loaned laptop computers with Skype video called installed and prepaid USB 3G wireless cards. They were also provided with headsets for privacy.

The study, which was funded by the National Institute of Mental Health and the St. David’s Foundation, compared tele-PST to in-person PST and to telephone support calls. Choi found significant reduction in depression symptoms, and higher acceptability ratings from the tele-PST group.

Choi says that about half of those older adults assigned to tele-PST had initial resistance to the technology, but that this changed pretty quickly.

"Participants loved teledelivery! About 90 percent of participants in the tele-PST group said that it was a life-changing experience for them,” Choi says.

"Some people cried as they talked about how much they’ve changed and how PST helped them get out of depression.”

Participants appreciated the privacy of tele-PST, along with the convenience. But the biggest bonus was the technology itself, or what Choi calls the “cool” factor. Study participants said they loved using the computer and the videoconferencing system.

“The computer therapy gave me confidence to try new things, and I was able to text my granddaughter back when she sent me a text message!” reported one 84-year-old participant. “I feel empowered by the therapy.”

Choi has now received a five-year grant from the National Institute on Minority Health and Health Disparities to compare tele-PST as delivered by master’s-level licensed clinicians versus psychoeducation and behavioral activation by bachelor’s-level trained mental health workers, as a way to also test strategies to ameliorate geriatric mental health workforce shortages.

"There is a shortage of clinicians to serve the growing older adult population. The cost of deploying highly trained professionals also poses a barrier for adoption and sustainability of the telehealth model,” Choi says when explaining the rationale for her new project.

It does not matter that she is not knocking on the doors of seniors anymore. Choi has brought life-changing services to them, with the simple touch of a button and passion for making technology be part of the solution.
Not long ago, Noël Busch-Armendariz visited the Austin apartment of a young woman who had survived human trafficking. The woman had fled her home in Central America with the aid of smugglers, who promised her legitimate work in the United States. Instead, she was forced into sex work and unpaid labor. After three years, she was freed when a federal raid broke up the trafficking ring, and she was eventually reunited with her three children.

As they sat down in the woman’s living room for an interview, Busch-Armendariz noticed something odd: The walls were lined with neatly stacked, freshly painted and refurbished furniture.

“I asked her what all this stuff was for,” Busch-Armendariz remembers, “and she said that for months she’d been fixing up used items to sell at a flea market. I was really struck by her entrepreneurial spirit. She was just coming out of this terrible situation, and already she was starting a business to support her family.”

Thousands of women, men, and children in Texas are victims of human trafficking or modern slavery. Most of us have probably passed by someone who is enslaved, says Busch-Armendariz, who leads the Institute on Domestic Violence and Sexual Assault.

“In the nail salon you frequent, the restaurant with your favorite takeout, the house down the street could have a victim of human trafficking,” she says. “It hides in plain sight.”

In 2012, the U.S. State Department estimated that there were at least 27 million slaves around the globe. That’s more than double the number of slaves during the transatlantic slave trade and more than at any other point in history.

Busch-Armendariz and her team recently won a two-year, $500,000 grant from the Texas Governor’s Office to map modern slavery across the state. It will be a monumentally difficult task, since many cases never come to light. The researchers don’t necessarily know where slavery is occurring, how many people are involved, or how best to help survivors.

But they aren’t starting from zero, since Busch-Armendariz and her colleagues have been talking to survivors and victims, law enforcement, and social service providers about the problem for the better part of a decade.

“We have a longstanding history working on the issue from a research and advocacy standpoint,” Busch-Armendariz says. “Now the goal is to gather a compendium of services, figure out how much the crime is costing the state, and to actually map trafficking. Where are the hotspots? What are the resources we’ll need to end trafficking in Texas? You name it, we’re going to be scouring it.”

National Human Trafficking Resource Center’s hotline comes from Texas, second only to California. Texas’ proximity to Mexico and Central America, its vast highway system, its large population, and its complex agricultural and industrial sector all make the state a source, a throughway, and a destination for traffickers.

Bruce Kellison, an economist who directs The University of Texas at Austin’s Bureau of Business Research, is co-principal investigator on the project. He believes that identifying how much human trafficking is costing Texas will go a long way.

“They have a lot of problems to address, and very limited resources,” he says. “So they’re very interested in an economic number, and it’s a fair question: How big is this problem? What’s it going to take in terms of resources to combat it?”

Kellison and Busch-Armendariz are working with the Austin nonprofit Allies Against Slavery on the two-year project. While their methodology is still evolving, they plan to start by studying all criminal cases of human trafficking that have been tried in the state. They’ll also draw on databases, surveys, interviews, and focus groups. Eventually, the maps they create will show not just the geographic distribution of the crime, but other factors such as the type of trafficking and the resources available to survivors.

Asked if she’s optimistic about the future, Busch-Armendariz says she feels conflicted.

“I continue to be hopeful about the support our work gets,” she says. “At the same time, it feels like we’re working at a glacial pace for the suffering that I see. When you’re talking about the lives of real people, it feels like we need to move faster.”

Learn more: sites.utexas.edu/idvsa

By Rose Cahalan. Art by Alex Nabaum. This article first appeared in The Alcalde, March-April 2015.
How many injured patients come into emergency rooms not knowing they also suffer from post-traumatic stress disorder (PTSD)? Can they be screened to address their needs sooner – before their PTSD symptoms worsen?

Stacy Stevens Manser is addressing these questions through IMPACT, a new study with funding from the Seton Healthcare Family.

Stevens Manser is the associate director of the Texas Institute for Excellence in Mental Health. For this study, she is collaborating with the University Medical Center Brackenridge, the only Level I Trauma Facility serving the Central Texas area and the fourth-busiest emergency department in the state.

We sat with Stevens Manser and chatted about her study.

How did this project come about?

I am partnering with Dr. Ben Coopwood, director of surgical critical care, and with Katherine Houck, a clinical social worker, both at Brackenridge. It's a really unique and valuable partnership between social work and medicine. Ben and Katherine reached out to me because of my previous work with PTSD and veterans.

In 2009, I worked on a jail diversion project that sought to divert veterans with trauma-related issues away from the criminal justice system and into services. For that project, we did PTSD screening on vets, and if they screened positive, we invited them to participate in the jail diversion project.

Your project is one of seven funded by the Seton Healthcare Family. How does your project fit into their overall healthcare vision?

Their goal is to resolve critical health and healthcare services delivery problems in Central Texas. Well, the PTSD screening questions posted on the Veteran’s Affairs (VA) website aren’t even part of the standard protocol in trauma centers like Brackenridge. This is brand new area for trauma centers, asking what can we do to prevent PTSD. Addressing this question will require changing the way the system operates, including new instruments, new personnel, etc.

What questions are you asking in the study?

The American College of Surgeons has identified that trauma isn’t appropriately addressed, even within trauma centers. We may treat trauma patients, but we don't look at the prevalence of PTSD. With this study, we're trying to learn how to appropriately assess a patient coming into the emergency room – perhaps the patient was in a car accident, or was sexually assaulted, or suffered serious wounds… he or she could have faced a variety of traumas. So we are looking at a broad array of individuals, versus the population that I have typically focused on—veterans or people with mental health challenges.

We are asking questions such as, can we assess risk for PTSD for these individuals? What’s the best option to do that? If the patient screens positive, what interventions could be helpful to lead to better outcomes? For instance, can we get a patient at risk for PTSD not to develop PTSD?

We start by looking at the prevalence of PTSD in trauma patients and the effect of a brief intervention – the longest we can do in a hospital setting is 60 minutes. We want to know, what is the effect of this brief preventive intervention? When we follow up, did the patients access the services we recommended? If they did, what barriers did they face accessing care? Are appropriate trauma services available?

You said you've never worked with trauma hospital patients. What is it like to jump onto a new project investigating a new population?

It's exciting! We want to find out how can we improve the healthcare system. This study should lead to bigger things, such as the development of an effective intervention for this population. The value is in the impact on society, where individuals can have a chance at better outcomes.

Learn more: sites.utexas.edu/tiemh

Stacey Stevens Manser, PhD
Ben Coopwood, MD
Katherine Houck, LCSW
After 13 years at war, the United States faces unprecedented challenges in caring for military service members and their families. Numerous programs address the mental and physical health needs of veterans, but few attend to the needs and experiences of their family members.

Veterans’ families face a diverse pool of concerns including secondary effects of service members’ posttraumatic stress disorder, persistent family functioning deficits and parenting challenges due to prolonged separation, readjustment problems, and attachment and transition.

“Spouses are often the main caregivers to veterans, and they report feeling that they and their families are left out of efforts that support veterans,” says Elisa Vinson Borah, a research associate at the Texas Institute for Excellence in Mental Health. Borah has received a Eugene Washington PCORI Engagement Award from the Patient-Centered Outcomes Research Institute for her project, the Veteran Spouse Network (VSN). With this project, she seeks to provide a platform for communication and research action to enable spouses of veterans across Texas to inform, evaluate and advocate for the use of effective mental health care practices in their communities.

“Spouses will develop supportive peer relationships and become engaged stakeholders in research that attends to the needs of their families,” says Borah, who is herself married to a veteran.

The project will be carried out in three phases. Phase one will be dedicated to recruiting spouses of veterans through partnerships with existing organizations. A website will be developed (www.texvet.org/vsn), and member participation will be facilitated through online network meetings, online polling questions, monthly webinars, and the creation of a steering committee.

In phase two, webinars will be utilized to train VSN members on a variety of research topics and methods. And finally, in phase three, researchers studying mental health treatments and programs for veteran families will join the VSN conversation via webinar. Discussions will allow researchers to obtain valuable feedback from VSN members, and at the same time promote confidence in them about participating in research. A main goal of the project is for the VSN to develop and disseminate a military veteran family research agenda informed by their experiences.

“This project will engage in participatory action research to create a robust, Texas-wide network of spouses of veterans,” Borah explains. “It will also foster relationships among them, community providers, and research investigators in ways that will allow more fruitful and meaningful research benefiting military families.”

Learn more: sites.utexas.edu/tiemh
An honest conversation about Texas teens and sex

Texas has one of the highest teen pregnancy rates in the nation (85 per 1,000 females aged 15-19), ranking third behind New Mexico and Mississippi. While the national rate of teen pregnancy continues to decline, teen pregnancy rates in Travis County remain high, with 63 teen pregnancies per 1,000 females aged 15-19.

“Everyone has assumptions about teen sexuality and teen pregnancy prevention, but the reality is that we have to understand the issue in order to best utilize our resources,” says research associate professor Monica Faulkner. “The first step is to gather information about what is happening in Travis County around teen pregnancy prevention.”

Faulkner directs the Child & Family Research Institute at the School of Social Work. Last year, they collaborated with the Healthy Youth Partnership to launch a community-wide needs assessment to better understand the supports and barriers to prevent teen pregnancy in Travis County.

The research team conducted 16 focus groups with a total of 73 participants including teens, teen mothers and fathers, and parents. Focus group participants also completed a survey with questions about their demographics, attitudes toward sex and childbearing, and sex education.

Results indicate that the main barriers to safe sex practices among teens in Travis County include lack of access and misinformation about birth control, embarrassment when purchasing condoms, and legal restrictions requiring teens to get parental consent to access reproductive services.

A majority of teens were in support of birth control use, and all teens reported having received some type of information on sex education topics — the most common was “how to say no to sex” and “the importance of using birth control if you have sex.” Teens cited condoms as the most common method to prevent pregnancies and were able to name several local resources for birth control.

Teens generally interpreted “birth control” as a hormonal method like the pill, separate from condoms, and 35 percent of teen survey respondents agreed that birth control was mainly the woman’s responsibility. The same percentage agreed that carrying condoms was a man’s responsibility.

“Teens conveyed that they feel trapped by messages they receive about sex and their role as a man or woman,” Faulkner explains. “They felt boys are rewarded for having sex while girls are shamed. The teens and parents in our study understood that these norms hurt both boys and girls and that we need to change the conversation.”

Although a majority of teens stated that they had knowledge of birth control, most of the interviewed young parents said that they did not plan their pregnancy and were surprised by it.

“Many young parents spoke about how they didn’t think it could happen to them, that it only happened to stupid people,” said Jeni Brazeal, from the Healthy Youth Partnership. She added that four in five teen pregnancies are unplanned.

The study found that when asked about how to reduce the teen birth rate in Travis County, teens and parents recommended increased, open and honest communication about sex in their communities through comprehensive sex education, including discussion of contraception methods and information about available sexual and reproductive health resources for teens.

Researchers also used an online survey to collect information from Central Texas service providers, educators, school staffers and medical providers about their attitudes, values, services offered related to sexual health, and the barriers they and their clients face providing and accessing services. The survey was completed by 134 participants.

Survey results indicate that approximately 50 percent of respondents across all three groups identified laws and regulations as a barrier to providing resources and information to teens. Medical and service providers most frequently identified funding and lack of parental support as barriers.

“Professionals reported that they feel constricted in talking to teens about contraception because they are not sure what is allowed, and so in many cases they just avoid the conversation,” Faulkner said. “In contrast, teens are reporting that they want conversations about these issues.”

Learn more: sites.utexas.edu/cfri
Working with the community to help families with cancer

When a parent has cancer, the impact on the children can be profound. Effects can be seen in the children’s mental health, social relationships, and overall growth and development. To date, however, there are no evidence-based interventions designed specifically for children dealing with parental cancer. Farya Phillips, the dean’s postdoctoral research fellow in psychosocial oncology and a member of the Institute for Collaborative Health Research and Practice, is working to change that.

Tell us about your project.
I’m collaborating with Wonders & Worries, a local nonprofit in Austin that helps kids whose parents have any kind of life-threatening illness. They offer a free, six-week comprehensive, individualized counseling program for children ages two to 18, and I’m conducting an evaluation of this program.

One of the goals of our Institute for Collaborative Health Research and Practice is to engage the community. We knew that there was research done on the impact of parental cancer on children, but not many intervention studies. And we have Wonders & Worries at our doorstep, doing this great work that could benefit from a rigorous evaluation. We thought it was a perfect combination. We have the goal of moving the field of psychosocial oncology forward by creating and finding interventions that can help, and we can help Wonders & Worries understand why their program is effective.

Why would an evaluation be beneficial? Their program is based on sound theories and professional experience, and they have been conducting surveys with the parents. So they have some useful data that I’m helping to analyze. But these data do not tell us what piece of their intervention is working, or what the intervention is specifically affecting. Is it affecting parenting behaviors, children’s anxiety levels, communication about the illness in the family? Even though they anecdotally and qualitatively see that children and parents are coping better, they don’t actually know what active ingredient, so to speak, is making the difference for these families. With our evaluation, which is a randomized controlled trial using standardized measures, we’ll be able to figure out the specifics mechanisms of change within the intervention.

Why is this knowledge important? Their program has worked so well that they want to expand beyond the Austin area, and they are trying to figure out the best way to do that. I explained we must determine whether the six-week curriculum is making the difference or the million other things they do outside of it—the family parties they throw, the relationships they build, and so on. If this evaluation proves that the curriculum makes the difference, then that is something that they could easily disseminate by training, say, a social worker in an oncology center, for her to work with cancer patients’ children. That’s an easier way of disseminating their work than creating stand alone Wonders & Worries all over the country, which would be more difficult to do.

How has it been working with Wonders & Worries as a community partner?
It has been great. We have monthly team meetings with all child life specialists, the program director, and the executive director, because I want to make sure that the staff feels comfortable with the study, and that we deal with issues as they arise.

We also had the advantage of their trust from day one, because I used to work there as a program coordinator. I actually trained many of the child life specialists who deliver the intervention today. They know that I care about these children and families just as much as they do, so they are more willing to go beyond their comfort level. For example, when we were creating the research protocol we realized that each child life specialist had their own style of presenting the curriculum to the kids. So we had to make sure to standardize everything. I told them, “It’s like giving them a dose of medicine: we have to make sure that each child receives exactly the same dose.” I’m pushing them to do things that make them a bit uncomfortable but I’m also trying to help them see the bigger picture, and the benefits that will come from a rigorous evaluation.

These are the kinds of things that are really interesting about working in a community setting and evaluating something that already exists. I also believe this is a great use of resources for researchers. Instead of creating something from scratch, let’s look at something that is already working, that we know is feasible—it has been in the community for years, and people who have been through the program say it has been beneficial to their families. I’m very glad that I stayed in Austin and that I have this opportunity to go back and conduct this evaluation. Wonder & Worries is part of the reason why I became a researcher in this field, so it has come full circle for me!

Learn more: sites.utexas.edu/ichrp
It is NOT the case that Hispanics consume alcohol at higher rates than non-Hispanics.

In 2014 the Centers for Disease Control reported that Hispanics are less likely than non-Hispanics to have had at least one drink in the past year. Moreover, according to this report Hispanics are less likely than non-Hispanics to consume two or fewer drinks per day, and more often abstain from drinking altogether.

However, among those who do drink, Hispanics tend to consume more alcohol, on average, compared to non-Hispanics.

Hispanic men, in particular, are at considerably elevated risk of heavy drinking compared to the population at large.

Recent years have seen the development of interventions aiming to reduce heavy drinking in the general population, and recent evidence suggests that attending to cultural factors may enhance treatment effects among Latino men.

That’s where social work assistant professor Yessenia Castro comes in.

Building on prior research conducted by associate professor Craig Field of the University of Texas, El Paso, and supported by the Patient-Centered Outcomes Research Institute in Washington, DC, Castro and Field are collaborating to develop an interventions specifically targeting Latino men in order to find the best culturally adapted approach to treating heavy drinking.

The approach is based on Brief Motivational Interviewing, that is, short conversations between mental health professionals and patients who have been taken to the hospital as a result of an alcohol-related injury.

"Previous research has shown that the language in which Latino men receive an intervention, or the ethnicity of the therapist who gives the intervention and their own level of acculturation, seem to have effects on how well the intervention worked," Castro says.

As such, for this project the Brief Motivational Interviewing has been designed and implemented specifically with Latino men in mind.

Interviews take place in the preferred language of the patient and provide recipients with a sense of where they stand in terms of alcohol consumption relative to other Latino men. The brief interviews will also seek to reinforce issues of familismo (the value of being accountable to and responsible for one’s family) and other personal values deemed relevant by the men in order to drive the intervention home.

The project’s goals are reducing overall alcohol use and alcohol problems while increasing help-seeking and treatment utilization in the period following the intervention. In all, the project will involve over 400 participants and data will be collected in El Paso, Texas, through May 2017.

Learn more: sites.utexas.edu/hbtrt
Adoption is a life-long journey for both the parents and the child. For children adopted from foster care, this journey often requires parenting that recognizes the trauma the children carry and allows them to grieve, heal, and integrate into their adoptive family.

Because of these unique needs, child welfare agencies must provide a continuum of services to increase permanence, beginning when children first enter the child welfare system and continuing after adoption or guardianship has been finalized. “Permanence” refers to emotional, physical, and legal permanence that gives a child a sense of security, continuity, commitment, and identity. Foster children waiting to be adopted are said to be in “pre-permanency,” and those adopted are said to be in “post-permanency.”

In efforts to better the adoption journey for foster children and families, the Children’s Bureau has funded a $23 million national project, the National Quality Improvement Center for Adoption/Guardianship Support and Preservation (QIC-AG). QIC-AG is designed to develop evidence-based models of support and services that will allow child welfare systems to increase pre- and post-permanency stability for families, advance their wellbeing, and improve children’s behavioral health.

The project is being conducted by a partnership that includes Spaulding for Children in Michigan, The University of Wisconsin-Milwaukee, The University of North Carolina at Chapel Hill, and The University of Texas at Austin. We talked with Rowena Fong, who is leading this project at UT Austin from the School of Social Work.

What was the initial step for this large and complex project?
We started by selecting eight sites, which could be state, county, or tribal child welfare systems. The systems had to apply to be in the project, and we worked hard to select sites that were ready to participate in this initiative – they had to have AFCARS data, for instance – and that fulfilled the Children Bureau’s guidelines. Then, in each of these sites, we have been working with teams of local foster care staff, and teams of stakeholders – foster youth, parents, agencies that provide services such as schools, CASA, mental health care providers, and so on. We work with them to understand how they function, define the problem that each particular child welfare system wants to address, select an evidence-based intervention that tackles such problem, implement the intervention, and evaluate the outcomes. We are now in the process of selecting the interventions, and should start implementing them by mid-2016.

Where are the selected sites?
We have selected state or county child welfare systems in Wisconsin, Illinois, Tennessee, New Jersey, Texas, Vermont, North Carolina, and a tribal system in Nebraska. I’m working with the last four sites, and my colleague, Dr. Nancy Rolock from the University of Wisconsin-Milwaukee, is working with the other four sites.

What are some of the issues the selected sites are facing?
In Texas for instance, we will be working to prepare families to better understand the trauma that foster care children and youth carry. There is something about teen years, particularly. Families might feel that they can’t handle teens as they might experiment with drugs, cut themselves, disrespect, or manifest other behavioral symptoms. By helping families understand trauma better and give them tools to deal with these behavioral symptoms, we hope to increase the stability of foster placements and get more families to adopt foster children.

Not only the issues each site wants to address are different but the state contexts are different too. Vermont, for instance, uses a statewide system-of-care approach that encourages interagency cooperation and does not separate foster care issues from mental health or disability issues. Foster populations are different in each state as well. Vermont, for example, is unique in that 50 percent of foster children are under the age of five.

What do you hope to accomplish?
We will be making an important contribution to the improvement of public child welfare systems by having implemented and evaluated evidence-based interventions in these eight sites to address the specific challenges they are facing. At the same time, during the process we are building capacity in each of these sites, as we are providing financial resources and intensive technical assistance. Ultimately, the goal is to benefit public child welfare systems across the nation, as they can replicate or adapt the evidence-based interventions we are testing and evaluating through this project. We also hope to increase post-permanency support services so that problems, such as re-homing, can be addressed and prevented.

Learn more: qic-aig.org
Koreatown, Little Italy, Tehran, Spanish Harlem—wherever they’ve gone, immigrants to the United States have tended to live in places where they’re surrounded by their fellow countrymen.

The upside to this phenomenon is that ethnic neighborhoods can smooth the often stressful transition to living in a new country. A downside, however, is that there might be less of an incentive for non-English speaking immigrants to learn English. If English proficiency is not sufficient, navigating tricky terrain like medical treatment and healthcare access can become difficult to the point of impossible for immigrants, particularly as they age.

That’s the foundation of social work associate professor Yuri Jang’s new investigation, “Limited English Proficiency, Health, and Healthcare among Older Immigrants,” which has received funding from the National Institutes of Health.

“Limited English proficiency is already known as a barrier to healthcare access. So I’m trying to figure out what kind of mechanism is working between them,” says Jang. “I’m looking at interpersonal resources, meaning one’s social network and one’s environment, as potential intervening factors.”

Jang’s study focuses on how Korean immigrants to the United States handle healthcare-related matters depending on the social and environmental contexts they live in.

Do aging Korean immigrants in midtown Manhattan’s Koreatown go about things in the same way that they would in Florida, where the population density of Koreans is relatively low?

What about somewhere like Austin, where the population density of Korean immigrants is neither particularly high nor low?

To answer these questions, Jang and her team will use Geographic Information Systems (GIS) to build maps of the healthcare resources available to Korean immigrants with low English proficiency in New York, Texas, and Florida.

They’ll also use a technique called Social Network Analysis to map the social networks and overall social connectedness of the participants, in order to deduce the role that interpersonal connectivity plays in the healthcare access equation.

“As to the implications of the study, Jang says that is paramount to delineate the specific mechanisms connecting lower English proficiency to poor healthcare access in immigrant populations before trying to develop an intervention to make things better.

According to the 2010 census, more than 18 percent of the United States population (47 million Americans) do not speak English as their primary language and have linguistic barriers.

But given the diversity in the immigrant population, you have to go one group at a time, says Jang.

“Otherwise, I would have too general information and lack necessary, in-depth information that is relevant for each and every specific group. With this project I’m trying to have the quality rather than the breadth of the information.”
Understanding cultural values in Latino parenting

As a parent, should you be authoritative, authoritarian, or neither?

The answer is the subject of a forthcoming paper and part of an ongoing series of studies by associate professor Esther Calzada. It is also the subject of her research project “Family and School Contexts as Predictors of Early Childhood Latino Development,” which has been funded by the National Institutes of Health and the U.S. Department of Education’s Institute of Education Sciences.

Authoritarian parents are unresponsive, strict and overly demanding, ultimately impinging upon the development and academic achievement of their children.

“As Authoritarian parents dictate rules but they really don’t provide the support to understand the why or the how behind them,” says Calzada.

Authoritative parents provide support and nurturance and, while they maintain high levels of expectations of their children, they explain the rationale behind their expectations and the rules that they establish.

“What we found is that authoritative parenting was associated with children having higher academic achievement scores while authoritarian parenting was not,” Calzada explains.

“That was an exciting finding because our work up until now has shown all of the risks associated with authoritarian parenting but hasn’t really shown any protective factors -- the question of what should we be doing to promote young kids’ development?”

This question led Calzada to co-create (with Drs. Laurie Brotman and Spring Dawson-McClure from the New York University School of Medicine) ParentCorps, an evidence-based, early-childhood education program that began in New York City in 2000.

Still running, the program focuses on kindergarten and pre-K minority students and works to develop emotional and behavioral skills to promote learning. It does so by training not only students but also parents and teachers in intensive 14-week modules intended to build an ideal home-school environment for learning.

“Early childhood, especially when kids are entering school, really is this time for them to get on the path to success,” says Calzada. “When kids don’t have the support to develop foundational skills, they’re much more likely to experience problems later on in adolescence.”

Since the beginning, ParentCorps’ methodology has been grounded in empirical research, which has won it a place on the prestigious National Registry of Evidence-Based Programs and Practices maintained by the Substance Abuse and Mental Health Services Administration.

Another key interest of Calzada’s research is the role of culture in academic achievement:

“I’m really interested in cultural values. For instance, the Latino cultural value of respeto, which is this idea of operating according to a pretty clearly defined social hierarchy where kids defer to adults and adults defer to elders. Familismo is another cultural value I’m interested in, which is the idea that your family as a unit is much more important than you as an individual, and all the ramifications of that.”

These cultural values, says Calzada, likely play a major role in the development and academic achievement of Latinos but have rarely if ever been subject to academic inquiry up until now.

That’s one of the reasons why Calzada was most keen to move to Texas: to get a unique perspective on Latino culture in the United States as it has existed across generations.

“Because the Mexican population here has been around for so many generations, we can really understand more about culture and families in a much more nuanced way,” she says.

She also dreams of bringing ParentCorps to the state so that minority students could benefit from the direct application of her research to the classroom.

“I would love for ParentCorps to crop up here in Texas. I think there’s a great need for it. It’s completely applicable and would work within this context,” Calzada says.
Have you ever tasted Tostilocos? Or danced to Nortec? These are just two examples of the richly hybrid culture of the United States-Mexico border. The border, conceived not as a line but as a space of mixtures and exchanges of all types (of goods, people, customs, languages), has attracted the attention of scholars and researchers for a long time.

“The border is fascinating for many reasons,” says social work researcher Lynn Wallisch. “From our perspective of substance use, we wanted to know if the border was its own place, with its own unique patterns, or if the Rio Grande is actually separating two different places.”

In collaboration with the Public Health Institute (Oakland, CA), Wallisch and Jane Maxwell, both at the School of Social Work’s Addiction Research Institute, have completed a path-breaking survey that focuses on both the Mexican and United States sides of the border, as well as interior cities on each side. This survey provides the most comprehensive view of substance use on the United States-Mexico border so far. And some of the findings might surprise you.

For example, results show that illicit drug use on the border is lower than in the United States as a whole.

“Of course Mexican culture is very strong on the border, and a substantial percentage of the border population comes from Mexico. This might explain the lower levels of illicit drug use on the border that our surveys have found,” Wallisch says.

Misuse of prescription drugs, on the other hand, is higher on the border than in the United States as a whole.

Seventeen percent of survey respondents on the border said they used prescription drugs “that were not prescribed for them or that they didn’t take as prescribed.” In the interior city on the United States side (San Antonio), only nine percent reported misusing prescription drugs. And the figure for the United States as a whole is six percent.

“This finding might be explained by the fact that drugs for which you need a prescription in the United States are available without one in Mexico, and at lower prices. In fact, 12 percent of survey respondents said they had crossed to Mexico during the previous year to buy over-the-counter medicines or prescription drugs,” says Wallisch.

The most misused prescription drugs were pain relievers, which includes hydrocodone, oxycodone, codeine, morphine, and other opiates.

“The trend is of concern, although it might not indicate drug abuse per se” explains Maxwell. “Because it is a legal drug, misusers might be unaware of potential addiction consequences. Once legal drugs become less effective or too expensive, misusers might turn to other opiates, such as heroin.”

Survey results also show the heterogeneity of the border, with differences in substance use among border states, among main metropolitan areas along the border, between urban areas and colonias, and between the Mexican and the United States sides of the border.

When looking at the drugs most used by individuals admitted to treatment and reported to the federal system, for instance, survey results show a pattern in which U.S. border states are more similar to their Mexican neighbors across the Rio Grande than to their U.S. neighbors to the east. Methamphetamine predominates in the western section of the border, and heroin and cocaine in the eastern part.

“This west-east use pattern along the border corresponds to trafficking patterns,” Maxwell explains. “Most of the methamphetamine has historically moved up from Baja California into California, and then spread eastward. Cocaine is much more prevalent on the lower, eastern part of the border, because it is trafficked across the Texas border into Houston or Dallas, and from there it moves eastward to the rest of the United States.”

When asked what the survey says about whether the border is its own unique hybrid place, or two different places, one Mexican and the other American, separated by the Rio Grande, Wallisch smiles.

“The answer so far has been… yes and yes,” she says.
School of Social Work Researchers

Terrence Allen - Assistant Professor
Terrence Allen has more than 28 years of practice and research experience in children and families residing in urban communities. He is particularly interested in children involved in multiple systems, and in the interaction between police and juveniles in urban communities. Allen's work is guided by the belief that the coordination of child welfare, education, and juvenile justice systems are critical to helping children and families on the margins of society.

Marilyn Armour - University Distinguished Teaching Professor
Marilyn Armour's work focuses on the healing of victims, offenders, and the community in relation to crime and wrongdoing. She has conducted multiple studies on the effectiveness of restorative justice interventions in the prison system, in schools, for violent crime, and for domestic violence. Armour is director of the Institute for Restorative Justice and Restorative Dialogue, and director of Defense-Initiated Victim Outreach (DIVO), a Texas statewide program that provides a bridge between victim-survivors and defense teams, especially in capital cases.

Tom Bohman - Research Scientist
Tom Bohman has extensive statistical knowledge in hierarchical linear models, structural equations modeling, power analysis, and longitudinal and categorical data analysis. Bohman works on several projects at the Addiction Research Institute.

Elisa Vinson Borah - Research Associate
Elisa Borah is an experienced mental health services researcher at the Texas Institute for Excellence in Mental Health who focuses on improving the application of implementation science to support effective practices within community-based mental health service organizations. Her research seeks to increase access to evidence-based behavioral health treatments for PTSD within military treatment settings.

Noël Busch-Armendariz - Professor and Associate Dean for Research
Noël Busch-Armendariz is an expert in interpersonal violence; victims of human trafficking, asylees, and refugees; and international social work. She has more than 20 years of experience working to end violence against women and their children, and has worked as a battered woman's advocate, support group leader, and registered lobbyist. She regularly trains professionals on issues of violence against women and their children at local, state, and national meetings and conferences. She is director of the Institute on Domestic Violence & Sexual Assault.

Esther Calzada - Associate Professor
Dr. Calzada's research areas include the role of culture (e.g., immigration and acculturation) in family processes, the prevention of mental health problems in children from ethnic minority populations, and the cultural adaptation of evidence-based mental health treatments, particularly parent training programs. Her main goal is to disseminate effective programs that empower and honor parents of all cultures in raising healthy and successful children.

Yessenia Castro - Assistant Professor
Yessenia Castro studies the influence of cultural adaptation variables on cancer risk behavior among Latinos. She is particularly interested in understanding how cultural variables combine with known key determinants of smoking to affect cessation outcomes. Her work also incorporates understanding determinants of multiple cancer risk behaviors among Latinos.

Namkee Choi - Louis and Ann Wolens Centennial Chair in Gerontology
Namkee Choi's research focuses on depression in late life and the development and evaluation of effective psychosocial interventions for depressive symptoms among both community-dwelling and institutionalized older adults. Her most recent projects test feasibility and efficacy of delivering problem-solving therapy for homebound older adults via home-based, low-cost videoconferencing methods.

Deborah Cohen - Research Associate
Deborah Cohen serves as the lead evaluator for three projects at the Texas Institute for Excellence in Mental Health - the Texas Panhandle-Plains Partnership for Children and Families, Texas System of Care, and Zero Suicides in Texas.

Allan Hugh Cole Jr. - Professor and Associate Dean for Academic Affairs
Allan Cole's current research interests include pedagogy and curricula in higher education, brief counseling interventions, mentoring, and social work and religion/spirituality. He is the founding and current editor of the Journal of Childhood and Religion and serves on the editorial board for the Journal of Spirituality and Religion in Social Work: Social Thought.

Laurie Cook Heffron - Post-Doctoral Fellow
Laurie Cook Heffron's research focuses on violence against women and migration. As former associate director for research at the Institute on Domestic Violence & Sexual Assault, she contributed to multiple research projects, including a program evaluation of services to victims of human trafficking, a statewide domestic violence prevalence study, a program to develop professional and organizational resiliency among child welfare workers, and a study of resettlement experiences of Congolese refugee women.

Catherine Cubbin - Associate Professor
Catherine Cubbin is an expert in using epidemiological methods to better understand socioeconomic and racial/ethnic inequalities in health for the purpose of informing policy. Specific areas of her research include using contextual analysis to investigate how neighborhood environments may explain social inequalities in health, and the measurement of socioeconomic status/position in studies of racial/ethnic disparities in health.

Susan De Luca - Assistant Professor
Susan De Luca's studies adolescent suicide prevention spanning middle school-aged children to emerging adults with a focus on racial/ethnic disparities. Her projects have focused on the individuals that college students disclose to while ideating, high school Latinos and Latinas' attitudes about help-seeking and social coping norms/resources, and the protective factors of family, peer and teacher support in relation to suicidal behaviors.

Diana DiNitto - Cullen Trust Centennial Professor in Alcohol Studies and Education
Diana DiNitto's research and teaching interests are in social welfare policy, alcohol and drug problems, and violence against women.

Erin Espinosa - Research Associate
Erin Espinosa focuses on implementation and evaluation efforts targeting activities designed to enhance services for youth with mental health needs. She currently serves as the implementation manager and training and technical assistance lead for several projects at the Texas Institute for Excellence in Mental Health.

Monica Faulkner - Research Associate Professor
As associate director of the Child and Family Research Institute, Monica Faulkner oversees multiple projects related to foster care, child care, and teen pregnancy prevention. Her primary research interest is teen pregnancy prevention for foster youth, and the welfare of teen parents in foster care.

Miguel Ferguson - Associate Professor
Miguel Ferguson's teaching and research interests focus on social policy, poverty, welfare reform, juvenile justice program evaluation, and social justice.

Rowena Fong - Ruby Lee Piester Centennial Professor in Services to Children and Families
Rowena Fong's research focuses on post permanency preservation and supports in public child welfare systems and on transracial and intercountry adoptions. She is co-principal investigator of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation grant, which aims to increasing permanency stability, improve behavioral health for children, and improve child and family well-being.

Cynthia Franklin - Assistant Dean for Doctoral Education and Stenberg/Spencer Family Professor in Mental Health
Cynthia Franklin is an expert in the practice and effectiveness of Solution-Focused Brief Therapy (SFBT) with children and adolescents. Her research projects include a meta-analysis of RCT studies on school mental health services, efficacy and effectiveness studies on solution-focused brief therapy, and studies and systematic reviews of SFBT for the purpose of developing SFBT into an empirically supported treatment.

Beth Gerlach - Research Associate
Beth Gerlach is associate director of the Child and Family Research Institute. Her areas of expertise includes foster care reform and increasing the educational stability of foster youth.
Dorie Gilbert • Associate Professor
Dorie Gilbert’s teaching, research and community service focus on Africentric interventions, culturally congruent models that utilize traditional African-centered philosophies in health and mental health promotion.

Teresa Granillo • Research Fellow
Teresa Granillo focuses on adolescent and young adult mental health, particularly among Latina adolescents. She is the executive director of Con Mi Madre, a 501c3 organization with the mission of empowering young Latinas and their mothers through education and support services that increase preparedness, participation, and success in post-secondary education.

Lauren Gulbas • Assistant Professor
Lauren Gulbas’ research contributes to theoretical paradigms that explore the linkages between macro-level processes, such as culture change, and individual experiences of distress, including depression and attempted suicide. Her current projects explore the interface among immigration, culture change, and psychosocial distress among Hispanic youth and their families.

Lori Holleran Steiker • University Distinguished Teaching Professor
Lori Holleran Steiker has published extensively on substance abuse prevention interventions and cultural adaptation. She is presently expanding her research into the areas of dissonance-based substance abuse interventions, the bridge between prevention and treatment, decisional balance dialogues with youth, and addiction recovery. This work has also led to work supporting and researching high school and collegiate recovery communities.

Yuri Jang • Associate Professor
Yuri Jang’s areas of interest include positive adaptation in aging, health disparities, and minority health and service utilization. She has recently completed a project on telecounseling for linguistically isolated older adults, and has received funding from the National Institute of Aging for her project, “Limited English Proficiency, Health, and Healthcare among Older Immigrants.”

Barbara Jones • Professor and Assistant Dean for Health Affairs
Barbara Jones is co-director of the Institute for Collaborative Health Research and Practice. Her current research focuses on coordinated care for children facing illness, family resilience, pediatric palliative care, pediatric oncology social work interventions, and adolescent and young adult cancer survivors.

Noel Landuyt • Research Associate
As director of the Institute for Organizational Excellence, Noel Landuyt oversees various projects in the area of organizational development, customer service, leadership and supervisory effectiveness, and employee attitudinal assessment. The primary project he coordinates is the Survey of Organizational Excellence, an employee assessment instrument widely used throughout Texas governmental agencies, not-for-profit organizations, and other types of organization across the country.

Michael Lauderdale • Clara Pope Willoughby Centennial Professor in Criminal Justice
As founder and principal investigator at the Institute for Organizational Excellence, Michael Lauderdale has worked with the State of Texas since 1975 to develop tools and procedures to improve services of state agencies. Since 2000, Lauderdale has increased his research and service on the topic of leadership, working in particular with law enforcement entities in Austin.

Carol Lewis • Associate Director, Office of the Associate Dean for Research
Carol Lewis research focuses on interventions that facilitate planned families. She believes that helping young adults be intentional about when to have children has the potential to reduce child abuse, family violence, poverty, and more.

Molly Lopez • Research Associate Professor
Molly Lopez is director of the Texas Institute for Excellence in Mental Health. She is currently conducting a NIMH-funded study of an evidence-based trauma intervention adapted for implementation within correctional facilities. She is also partnering with the Texas Health and Human Services Commission and other state and community organizations to develop a strategic plan to expand the system of care framework within Texas and improve outcomes for children and youth with mental health needs.

Barbara Jones

Lori Mangrum • Research Scientist
Lori Mangrum is an expert in substance abuse and mental health issues. She is currently working on the project “Integrated Services for Homeless Persons: Evaluation Services for the Center for Health Care Services.”

Jane Maxwell • Research Professor
Jane Maxwell is an expert in trends and patterns of substance abuse in Texas, nationally, and internationally, with special interest on the US-Mexico border.

Ruth McCroy • Research Professor and Ruby Lee Piester Centennial Professor Emerita
Ruth McCroy’s research focuses on racial disproportionality in child welfare, family preservation, kinship care, openness in adoptions, adoptive family recruitment and retention, minority recruitment, transracial adoptions, older child adoptions, and post-adoption services.

Angela Nonaka • Assistant Professor
Angela Nonaka specializes in language socialization, sign languages, and Deaf studies.

Yolanda Padilla • Professor
Yolanda Padilla researches poverty, social welfare policy, and racial and ethnic disparities in health and well-being in the United States. She has examined the consequences of poverty for Latino children and families, with a focus on health and development in early childhood, the social and economic conditions of Latino children and families living on the U.S.-Mexico border, and factors associated with socioeconomic disadvantage among Latinos, including immigration. Padilla is the director of CSWE Center for Diversity and Social & Economic Justice.

Farya Phillips • Post-Doctoral Fellow
Farya Phillips’ research interests include young adult cancer survivors and children/adolescents affected by their parent’s cancer diagnosis. She is a researcher at the Institute for Collaborative Health Research and Practice.

Beth Pomeroy • Bert Kruger Smith Centennial Professor in Social Work
Beth Pomeroy is an expert in the application of the DSM 5 and other emotional issues confronting children, adults and families. She is co-director of the Institute for Collaborative Health Research and Practice. Her research focuses on psychosocial interventions for chronically/terminally ill adults and families, issues of grief, loss and stigma.

Michelle Rountree • Associate Professor
With a solid mix of clinical, administrative and research experience, Michelle Rountree studies the complex interplay of social, cultural, political and economic factors as determinants for women’s heightened risk for experiencing IPV and sexually transmitted diseases such as HIV/AIDS. Her research targets the impact of program characteristics and client attributes in shaping the efficacy and utilization of services.

Christopher Salas-Wright • Assistant Professor
Christopher Salas-Wright’s research interests include adolescent substance use and violence prevention; immigration and the role of cultural processes in the development of Latino youth; and the epidemiology of high-risk and antisocial behavior. He currently is the principal investigator for funded research projects on the bio- social factors related to substance use and violence among Hispanic youth, and on the development of a substance-use prevention program for college student veterans.

James Schwab • Clara Pope Willoughby Centennial Professor in Child Welfare
James Schwab is co-director of the Child and Family Research Institute. His research interests include human services administration, data analysis, and child welfare services.

Clayton Shorkey • Josleen and Frances Lockhart Memorial Professor for Direct Practice in Social Work
Clayton Shorkey’s research focuses on mental health and chemical dependence. He has directed several projects related to spirituality and faith-based treatment for chemical dependence.

Richard Spence • Research Professor
Richard Spence is director of the Addiction Research Institute. His research interests include the epidemiology of alcohol and other drug (AOD) problems, needs assessment and utilization of services.
for AOD services, outcomes assessment and performance management for AOD treatment, and planning and statewide resource allocation for AOD services.

David Springer - University Distinguished Teaching Professor
David Springer's research focuses on the improvement of systems to more effectively deliver services to youth and families, especially at the intersection of juvenile and criminal justice research in the United States and Latin America. Springer is director of the RGK Center for Philanthropy and Community Service in the LBJ School of Public Affairs.

Calvin Streeter - Meadows Foundation Centennial Professor in the Quality of Life in the Rural Environment
Calvin Streeter’s social work practice experience includes rural community development, program planning and implementation, and program evaluation.

Nanette Stokes-Stephens - Research Scientist
Nanette Stephens has over 18 years of experience integrating the Transtheoretical Model and Motivational Interviewing principles and strategies in her work as a trainer, supervisor, researcher, clinician and consultant. She is with the Health Behavior Research and Training Institute.

Ahmed Whitt - Assistant Professor
Ahmed Whitt’s research focuses on the influence of neighborhood contextual factors on adolescent mental health and behavioral outcomes.

Leila Wood - Research Associate
Leila Wood is senior project director at the Institute on Domestic Violence & Sexual Assault. She is responsible for CLASE, a multiyear study on sexual assaults, dating violence, stalking and sexual harassment at 12 of The University of Texas System college and medical campuses.

Luis Zayas - Dean and Robert Lee Sutherland Chair in Mental Health and Social Policy
Luis Zayas has devoted his career as a clinician, teacher, and researcher to child and adolescent development and family functioning. Under the overarching framework of Hispanic mental health, he focuses on two areas of research. One area is on the suicide attempts of young Latinas, a group that has the highest rates of suicidal behavior of any youth group in the United States. The other area of focus is the development and mental health of U.S. citizen-children of undocumented Latin American parents.

Current Funded Projects 2015-2016

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<td>Allen, Terrence</td>
<td>Southwest Key Community Connections: Evaluation African American and Hispanic male youth's perceptions of police officers who patrol in urban communities</td>
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<td>Busch-Armendariz, Noel</td>
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<td>Principal Investigator</td>
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<td>Castro, Yessenia</td>
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<td>Faulkner, Monica</td>
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<td>Nonaka, Angela</td>
<td>(re)Deaf-inning (dis)ability: An introduction to cultural Deafness and its implications for social work</td>
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<td>Investigating Politeness in Asian Sign Languages: A Collaborative Pilot Study with the Japanese National Museum of Ethnology</td>
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<td>Wonders and Worries program evaluation</td>
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<td>Rountree, Michelle</td>
<td>Accessing young black MSM for HIV prevention through online social networking</td>
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<td>Salas-Wright, Christopher</td>
<td>Examining Hispanic adolescent alcohol use and health-risk behavior: The feasibility of a biobehavioral approach</td>
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<td>Stevens Manser, Stacey</td>
<td>Restore Rundberg: Bryne Criminal Justice Innovation Program</td>
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<td>IMPacting A Cute Trauma: Does a brief preventive intervention affect PTSD outcomes?</td>
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<td>Velasquez, Mary</td>
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<td>Undocumented, unaccompanied, and citizen: Charting research directions for children of immigration</td>
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<td>Integrated behavioral health MSSW scholars program for underserved populations</td>
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ACRONYMS

CDC - Centers for Disease Control and Prevention
CHASP - Center for Health and Social Policy
CMS - Center for Medicare and Medicaid Services
CPRIT - Cancer Prevention Research Institute of Texas
HHS - U.S. Department of Health and Human Services
HRSA - Health Resources and Services Administration
NCI - National Cancer Institute
NIA - National Institute on Aging
NIAA - National Institute on Alcohol Abuse and Alcoholism
NIDA - National Institute on Drug Abuse
NIH - National Institutes of Health
NICHHD - Eunice Kennedy Shriver National Institute on Child Health and Human Development
NIMHD - National Institute on Minority Health and Health Disparities
PCORI - Patient-Centered Outcomes Research Institute
SAMHSA - Substance Abuse and Mental Health Services Administration
SSA - Social Security Administration
TAASA - Texas Association Against Sexual Assault
Texas DARS - Texas Department of Assistive and Rehabilitative Services
Texas DSHS - Texas Department of State Health Services
Texas DFPS - Texas Department of Family & Protective Services
Texas HHSC - Texas Health and Human Services Commission
Texas OG - Texas Office of the Governor
USDE - United States Department of Education
USDJ - United States Department of Justice
UT Austin VPR - The University of Texas at Austin's Office of the Vice President for Research
UT System - The University of Texas System