

PREVENTION SCIENCE: A Handbook for Faculty and Students

Prepared by the Prevention Science Steering Committee

April 2007

**Susan Riesch, RN, DNS, FAAN (Chair)
Craig A. Albers, PhD
Katherine A. Magnuson, PhD
Stephen Small, PhD**

Table of Contents

Introduction, Administration, Application and Contact Information	3
Frequently Asked Questions About	4
Background and Training in Prevention Science, Training Options.....	6
Core Courses and Elective Courses	8
Social Policy, Family & Community Studies, Methodology	9
Practicum and Careers In	10
Resources and Links	11

Appendixes

Appendix A	Required and Elective Courses
Appendix B	Example Course Syllabus for 880 and 881
Appendix C	Criteria for the Required Practicum in Prevention Science
Appendix D	Affiliate Faculty in Prevention Science

Administration, Application and Contact Information

Introduction

The interdisciplinary training program in Prevention Science addresses contemporary social problems and issues facing at-risk and vulnerable groups across the life course. Participating units are the Department of Educational Psychology, Department of Human Development and Family Studies, School of Nursing, and the School of Social Work. Training leads to a PhD Minor (Option A) and/or Certificate in Prevention Science. Particular attention is given to the concentrations of interventions in social services, health, and education; family and community studies; social policy; and methodology. The program is sponsored by the UW Graduate School.

Administration

A Steering Committee composed of one representative from each participating unit oversees the administration of the PhD Minor and Certificate Program in Prevention Science. The duties of the Steering Committee are to:

- determine and review courses for inclusion in the minor and certificate program;
- review individual student course proposals for the minor, certificate, and practicum;
- recruit and review membership of the committee to ensure that appropriate units across campus are represented;
- disseminate information about the minor and certificate program to interested graduate students, faculty, and staff;
- provide campus wide leadership for research, education, and practice related to prevention science and;
- maintain other functions necessary to sustain and enhance the minor and certificate program.

The current Steering Committee is:

- **Susan Riesch**, RN, DNS, FAAN (Chair), (Nursing) at skriesch@wisc.edu (608-263-5169)
- **Craig A. Albers**, PhD (Educational Psychology) at (608-262-4586)
- **Katherine Magnuson**, PhD (Social Work) at kmagnuson@wisc.edu (608-263-4812)
- **Stephen Small**, PhD (Human Development & Family Studies) at sasmall@wisc.edu (608-263-5688)

Application and Contact Information

Applications to the PhD Minor and Certificate Program are available on this web site (www.preventionscience.wisc.edu). Completed applications must be signed by faculty advisors. Applications should be submitted to: M. Gale Barber, MA, University of Wisconsin-Madison School of Nursing, Academic Affairs Office, 600 Highland Ave CSC K6, Madison, WI 53792, Phone: 608-263-5172. E-mail: mgbarber@wisc.edu. For further information about the training program, contact Susan Riesch, Chair of the Steering Committee (Nursing) at skriesch@wisc.edu (or 263-5169)

Frequently Asked Questions about the Graduate Program in Prevention Science

What is the Prevention Science Program?

The Prevention Science Program is an interdisciplinary training program formally approved by the Graduate School at the University of Wisconsin-Madison. The program has two purposes: (1) engage in systematic study of efforts to reduce the incidence of maladaptive behavior, and (2) promote adaptive behavior in populations across the life course through the design and evaluation of science and theory-based interventions.

Who makes up the Prevention Science Program Steering Committee?

Steering Committee members currently come from four member schools: Education (Educational Psychology, Craig A. Albers), Human Ecology (Human Development and Family Studies, Professor Stephen Small), Nursing (Professor Susan Riesch), and Social Work (Professor Katherine A. Magnuson).

What does the program offer?

The program offers a minor and a Graduate Certificate in Prevention Science. The program does not offer its own courses; all courses recognized for the minor and certificate programs are offered by existing UW-Madison departments. Students complete a course of study approved by the Prevention Science Steering Committee to earn the minor and/or certificate. Two courses, Prevention Science (880) and the Capstone seminar in Prevention Science (881) are required and cross-listed in the sponsoring departments.

Does the program have distinct emphases?

Yes. The program has four distinct areas of concentration: (1) Interventions in Social Services, Health, and Education, (2) Social Policy, (3) Family and Community Studies, and (4) Methodology.

Why should I complete a minor or certificate in Prevention Science?

You should complete a minor or certificate if your goals and interests are congruent with the program goals, and if you want to communicate your expertise and interests to others (e.g., employers, licensing boards). Currently, there are no agencies that require the minor or certificate for licensure or employment, but the formal designation conferred by the program may help you demonstrate your expertise to others.

What's the difference between a minor and a certificate?

A minor is required of all UW-Madison PhD students; the certificate may be earned by any UW-Madison graduate student (both Masters and PhD), and is optional.

What are the general requirements for the minor?

The plan of study must be approved by the Steering Committee, and must contain at least 10 credits. The minor program requires students to complete the following: (1) the 3-credit introductory seminar Prevention Science (880); (2) a practicum experience; (3) the 1-credit Prevention Science Capstone seminar (881); and, (4) other coursework reflecting one of the four concentrations.

What are the general requirements for the certificate?

All of the minor requirements including the practicum plus 6 additional graduate credits consistent with one of the four concentrations for a minimum of 16 graduate credits are required for the certificate. The Steering Committee must approve the plan of study.

What courses could I use to meet minor and/or certificate requirements?

A list of approved courses is provided on the program website www.preventionscience.wisc.edu. Students may propose for steering committee review and approval other courses not on the approved list as part of the minor.

Can I count courses required for my major for the minor?

No. The Graduate School does not allow the same course to be counted toward both your major course of study and your minor. So, even if the program recognizes a course required for your major as an “approved” course for the minor, you may not count that course towards both your major and minor requirements. You must count the course as either fulfilling a major or a minor requirement.

Can I count courses required for my major for the certificate?

Yes. There is no similar credit restriction for graduate certificates. Courses taken to complete a major or a minor requirement may also be counted toward the certificate.

Why would I complete the formal minor rather than an “Option B” minor?

Students may select courses that approximate or even duplicate the Prevention Science minor, and apply for an Option B minor. The Graduate School, however will not allow students to call their Option B minor “Prevention Science,” because that title is reserved exclusively for program-approved minors. Nor will students receive the Prevention Science certificate or the Prevention Science designation on their transcript. Students completing an Option B minor may also lack the structure, support, and interdisciplinary experiences offered by the program.

Are there any issues unique to my department relevant to the minor?

There may be. Different departments may have additional requirements to complete the minor. Therefore, you should check with your advisor and others in your department to be sure you meet departmental requirements.

How can I apply or get more information?

You may obtain an application form, and more information, from the program web site www.preventionscience.wisc.edu, by e-mail prevsci@education.wisc.edu, or by contacting M. Gale Barber, University of Wisconsin-Madison, School of Nursing, Academic Affairs Office, 600 Highland Ave. CSC K6, Madison, WI 53792 Phone: 608-263-5172, mgbarber@wisc.edu.

Background and Training in Prevention Science and Options

Background Information

Prevention Science is the systematic study of efforts to reduce the incidence of maladaptive behavior and to promote adaptive behavior in populations across the life course through designing and evaluating interventions, and utilizing knowledge about them. The fundamental assumption of this training program is that future scholars and practitioners will be most able to meet the challenges occurring in society and in the professions and disciplines if their training is comprehensive and cross-disciplinary.

We recommend these sources for understanding Prevention Science:

- Coie, J. D., Watt, N. F., West, S. G., Hawkins, J. D., Asarnow, J. R., Markman, H. J., Ramey, S. L., Shure, M. B., & Long, B. (1993). The science of prevention: A conceptual framework and some directions for a national research agenda. *American Psychologist, 48*, 1013-1022.
- Kratochwill, T. R., Albers, C. A., & Shernoff, E. S. (2004). School-based interventions. *Child And Adolescent Psychiatric Clinics of North America, 13*, 885-903.
- Masten, A. S. (2001). Ordinary Magic: Resilience Processes in Development. *American Psychologist, 56*, 227-238.
- Mihalic, S., Irwin, K., Fagan, A., Ballard, D., & Elliott, D. (2004). Successful program implementation: Lessons from blueprints. *Juvenile Justice Bullentin, July*, 1-11
- Mrazek, P. J., & Haggerty, R. J. (Eds.) (1994). Reducing risks for mental disorders: Frontiers for preventive intervention research. (Report of the a study committee of the Institute of Medicine, Division of Behavioral Sciences and Mental Disorders, National Academy Press, available at <http://www.nap.edu>).
- Reiss, D., & Price, R. H. (1996). National research agenda for prevention research. *American Psychologist, 51*, 1109 -1115.
- Tolan, P. H., & Dodge, K. A. (2005). Children's mental health as a primary care and concern. *American Psychologist, 60*, 601-614.
- Weissberg, R. P., Kumpfer, K. L., & Seligman, M. E. P. (2003) Prevention that works for children and youth. *American Psychologist, 58*, 425-432.

Training in Prevention Science

Research training in the social and behavioral sciences usually includes intensive study within a single discipline for the purpose of contributing to a specific area of inquiry. Training in Prevention Science, however, requires expertise in a variety of theoretical and substantive perspectives for the purpose of conducting mission-oriented research and practice within the human capital systems of the family, health and education, workplace, community, and social welfare. It also involves the application of this knowledge to real-world problems and issues affecting people and the institutions and settings in which they live. Such an interdisciplinary framework is consistent with emerging trends in the human-service professions. The Prevention Science training program has three special features:

1. Training emphasizes programmatic efforts that seek to prevent the development of problematic outcomes and to promote optimal functioning in individuals or groups across the life course.
2. Preventive interventions are implemented and evaluated in family, school, and community contexts-their impact should be investigated in interaction with these contexts.
3. Training emphasizes methodological and statistical techniques and application of them in prevention and intervention research.

This cross-school effort creates links that establish programmatic approaches for addressing social issues and problems in society.

Training Options

Students may earn a PhD Minor and/or Certificate as follows:

- The Option A Minor in Prevention Science requires 10 credits in approved courses and the completion of an approved practicum project. The Option A Minor is approved by the UW-Madison Graduate School. It is a named minor that is listed on student transcripts. Courses taken for the Minor can be applied to the Certificate.
- Certificate Program graduate students in the participating departments and special students earn a certificate in Prevention Science by completing a total of 16 credits in approved courses. One course must be in methodology. Students can also use a prevention practicum of 3 credits toward the certificate requirement.

Core Courses and Elective Courses

Core Courses: Two core courses are required of all students seeking the PhD Minor or Graduate Certificate. It is recommended that the courses be taken beginning in the second year of a student's graduate program after introductory courses in theory and a substantive area have been taken in the home department. The four participating units rotate teaching of each course; it is offered in different departments in different years. Courses are sometimes co-taught by two faculty, each from one of the four participating units. The core courses are listed below.

Prevention Science (3 credits; cross-departmental, 880). This course provides an interdisciplinary overview to prevention theory, research, and practice. A common core of concepts, methods, and terminology is presented. Although topics vary, examples of issues covered in past courses include health risks such as malnutrition, school failure, delinquency, child abuse and neglect; and family and community-based interventions designed to counteract risk factors and promote healthy development. This course is typically offered during the fall semester. See Appendix B for recent course syllabus.

Capstone Seminar in Prevention Service (1 credit; 881). This course is a follow-up to the Prevention Science theory course. Participating students, faculty, scholars, and professionals discuss their work and emerging issues in the field. This bi-monthly two-hour seminar introduces students to professional development issues commonly experienced by prevention professionals. In addition, students are given an opportunity to prepare and/or discuss their prevention practicum project. This course is typically offered each spring, and students should take the course at or near the end of their minor program.

Elective Courses: (Students should select 2-4 additional courses in one of the areas of concentration.) Examples of courses that meet the requirements of the Minor and Certificate Program are listed below. Courses required for a student's major area of study may be counted toward the Certificate Program but not the PhD Minor. Other courses can be recommended by students or faculty and are subject to the approval of the Steering Committee. The Steering Committee will review the syllabus for significant prevention and intervention content. Courses taken for the Minor (and major area of study) can be applied to the Certificate. All courses are listed by title (course number, semester offered). See Appendix A for a current description of courses.

Interventions in Social Services, Health, and Education

The design, implementation, evaluation, and dissemination of a variety of programs in education, health, and social welfare are high priorities today and this should be reflected in training. School-based programs are increasingly viewed as key strategies of educational reform. Social and health service delivery to children, families, and adults are undergoing substantial innovation. The promotion of health and development of individuals and groups with and without special health-care needs is a focal point of interventions.

Health Promotion & Diseases Prevention in Diverse Communities (Nursing 702)
Child Welfare (Social Work 921, Fall)

Social Policy

This concentration addresses how social policies and issues affect individuals, families, and communities across the life course. Substantive areas include, among others, child care, poverty, welfare reform, school reform, and health-care reform. An emphasis is given to large-scale policies and programs as well as dissemination and use.

Seminar in Child Development (Ed Psych 920, F)

Social Welfare Policy (Social Work 952, F)

Seminar in Education and Social Policy (Ed Policy 920)

Bridging the Gap Between Research and Action (HDFS 872, F)

Preventive Intervention Programs for Youth Development (HDFS)

Family and Community Studies

How family and community contexts and processes affect individuals is a key issue for the development and analysis of preventive interventions, and for basic research on families and communities. Further, family and community-based programs also are central to addressing the myriad of social problems and issues. The relation between family development and other major social contexts such as neighborhoods, communities, and service systems are important.

Family Care Across the Life Span (Social Work 866, Spring)

Advanced Seminar in Family Stress and Coping (HDFS 869)

Family Process, Health and Illness (Nursing 713, Fall)

Family Policy in the Contemporary United States (HDFS 766)

Methodology

An ever-expanding number of quantitative and qualitative methods are available for conducting prevention and intervention research. Basic and advanced statistical and methodological training are essential to high-quality graduate training. Gaining understanding and experience in conducting research in field settings is key to developing methodological skills. Some topics to be covered in training include evaluation, statistical modeling, and ethnography.

Multivariate Analysis (Ed Psych 862, Fall)

Evaluation Research (Social Work 953, Spring)

Qualitative Methodology (Soc 955, Spring)

Qualitative Methods of Studying Children and Contexts (C&I 726)

Benefit Cost Analysis (Pub Aff 881, Spring)

Interpretive Research in Health Care Settings (Nursing 701, every semester)

Community-Based Research, Evaluation and Consultation (HDFS 766)

Courses Not Yet Approved

Students and their advisors may identify courses not listed above that may be relevant to their study. The Steering Committee invites appropriate requests, and will review them according to set criteria.

Practicum

As part of the training program, students must participate in a prevention-related practicum with university faculty. Ideally, the practicum will result in the completion of a product associated with one of the four concentration areas of the program. The practicum project will provide opportunities to apply prevention and intervention concepts, methods, and approaches to important educational, health, or social issues and problems. The practicum can supplement the student's educational program without course credit, or can be taken for 1-3 research or independent study credits that can be counted toward satisfying the requirements of the Minor or Certificate Program. See Appendix C for criteria for the practicum.

On-campus institutes that are likely to provide practicum opportunities, and opportunities for prevention research, include the Institute on Aging, Waisman Center, Institute for Research on Poverty, The Educational and Psychological Training Center, and the Wisconsin Center for Educational Research. In addition, students have worked on their practicum projects in partnership w/such organization as the Universities of Wisconsin-Extension, The Dane County Youth Commission, Dane County Human Services, and the Wisconsin Department of Public Instruction.

Careers In Prevention Science

Besides the traditional academic jobs in research and teaching in graduates' respective disciplines, training in prevention science provides opportunities for graduates to be competitive in several other career tracks including:

- Positions in human service, health and educational organizations concerned with the design, implementation and/or evaluation of prevention programs.
- Positions in federally-funded prevention centers that are mission-based and interdisciplinary in orientation. Many of these centers hire postdoctoral scholars interested in prevention and intervention, and these positions can lead to a variety of additional career opportunities.
- Positions in government agencies and nonprofit research centers and organizations devoted to applied research on social issues and policies. Federal agencies such as the Centers for Disease Control and Prevention and the General Accounting Office hire young scholars with prevention and intervention interests.
- Positions in state government are also available to prevention scientists. They include staff positions as legislative policy analysts, positions as planners, evaluators with various state departments such as health and human services and education.

The training program also would be expected to help graduates seek academic and other positions that are cross-disciplinary or interdisciplinary such as in policy institutes and schools as well as human development, education, nursing, psychology, and social work departments.

Resources and Links

Resources / References in Prevention Science

Bennett, S., & Millstein, G., (2003), Prevention opportunities in health care settings, *American Psychologist*, 58, 475-481.

Biglan, A., Mrazek, P. J., Carnine, D., & Flay, B. R., (2003), The integration of research and practice in the prevention of youth problem behaviors, *American Psychologist*, 58, 433-440.

Greenberg, M. T., Weissberg, R. P., Utne O'Brien, M., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J., (2003), Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning, *American Psychologist*, 58, 466-474.

Kumpfer, K. L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist*, 58, 457-465.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: principles of effective prevention programs. *American Psychologist*, 58, 449-456.

Ripple, C. H., & Zigler, E. (2003). Research, policy, and the federal role in prevention initiatives for children. *American Psychologist*, 58, 482-490.

Wandersman, A. & Florin, P. (2003). Community interventions and effective prevention. *American Psychologist*, 58, 441-448.

Weissberg, R. P., Kumpfer, Karol L., & Seliman, Martin E. P. (2003). Prevention that works for children and youth: an introduction. *American Psychologist*, 58, 425-432.

Education Links

National Dropout Prevention Center/network (www.dropoutprevention.org)

National Mental Health and Education Center (www.naspcenter.org/index2.html)

A educational site promoting the inclusive classroom
http://newhorizons.org/spneeds_intr.html

Environmental Health Links

Public Health Foundation
www.phf.org

Environmental Protection Agency
www.epa.gov

Healthy People 2010
www.health.gov/healthypeople/document/default.htm

World Health Organization
www.who.int/

American Public Health Association
www.apha.org

Center for Disease Control National Center for Environmental Health
<http://www.cdc.gov/nceh>

The National Institute of Environmental Health Sciences
www.niehs.nih.gov

Usability Web site
<http://usability.gov/>

University of Kansas Community Tool Box (resources for designing community processes including focus groups)
<http://ctb.lsi.ukans.edu>

NACCHO (National Association of County and City Health Officials)

Prevention Science/Research/Funding

The Prevention Researcher
www.tpronline.org/index.cfm
<http://ctb.lsi.ukans.edu>

Anne E. Casey Foundation
<http://www.aecf.org/>
Community projects with youth, and delinquency prevention/intervention projects.

William T. Grant foundation. Focus on Youth Development
(<http://fdncenter.org/grantmaker/wtgrant/index.html>)
Resiliency in Action
<http://www.resiliency.com> (See especially the journal)

www.uhs.wisc.edu/wch

www.ppv.org

www.preventionresearch.org
www.apa.org/divisions/div27/
www.apa.org/divisions/div37/
www.eval.org
www.cdc.gov
www.samhsa.gov/
www.acf.dhhs.gov/
<http://asuprc.la.asu.edu/>
http://mh.jhsph.edu/prevention_center.html
www.psu.edu/dept/prevention/index.html
<http://depts.washington.edu/swprc/>
<http://biostat.coph.usf.edu/research/psmg/>
www.uic.edu:80/depts/ovcr/hrpc/
Lewin Group for Grantmakers in Health
www.ghi.org/

Mental Health Links

www.ahrq.gov
www.nih.nimh.gov
Public Health Foundation
(www.phf.org)
American Foundation for Suicide Prevention (www.afsp.org/home.htm)
Suicide Prevention Advocacy Network
(www.spanusa.org)
National Mental Health and Education Center
(www.naspcenter.org/index2.html)
The Center for Mental Health Service (www.mentalhealth.org/cmhs/)
www.health.gov/healthypeople/document/default.htm
www.who.int/

www.apha.org

Center for Disease Control, Publications (<http://www.cdc.gov/publications.htm>)
Includes information on prevention efforts with youth.

www.nida.nih.gov

www.nichd.nih.gov

www.official-documents.co.uk/document/doh/survey97/hs06.htm

www.official-documents.co.uk/document/doh/survey97/hse95.htm

Physical Health Links

www.ahrq.gov

www.alphanet.org

Public Health Foundation
(www.phf.org)

www.health.gov/healthypeople/document/default.htm

www.who.int/

www.apha.org

Center for Disease Control, Publications (<http://www.cdc.gov/publications.htm>)
Includes information on prevention efforts with youth

www.official-documents.co.uk/document/doh/survey97/hs06.htm

www.official-documents.co.uk/document/doh/survey97/hse95.htm

Additional Links

Justice for Children & Youth
www.usdoj.gov

Office of Juvenile Justice and Delinquency Prevention
<http://ojjdp.ncjrs.org/>

Juvenile Justice Evaluation Center Online
<http://www.jrsa.org/jjec/>

National Criminal Justice Reference Service
<http://www.ncjrs.org/>

The Center on Juvenile and Criminal Justice
<http://www.cjcj.org/>

The National Crime Prevention Council
www.ncpc.org

Center for Disease Control, Publications (<http://www.cdc.gov/publications.htm>)
Includes information on prevention efforts with youth.

National Center for Juvenile Justice (www.ncjfcj.unr.edu/)
Includes information relevant for delinquency programming/prevention

National 4-H Council (<http://www.fourhcouncil.edu/index.htm>)
Youth Development/Community Development programs listed

The Youth Leadership Institute <http://www.yli.org/>

Causes and correlates of delinquency <http://ojjdp.ncjrs.org/ccd/index.html>

Prison program (<http://www.dhamma.org/prisons.htm>) Treating/preventing
AODA/recidivism

Center for the Study and Prevention of Delinquency
(<http://www.Colorado.EDU/cspv/index.html>)

www.preventingcrime.org

www.colorado.edu/cspv/connections/mainconnections.html

Appendix A
Required and Elective Courses

Prevention Science Ph.D. Minor or Certificate Program

Required Core Courses

Prevention Science (3 credits). This course provides an interdisciplinary overview to prevention theory, research, and practice. A common core of concepts, methods, and terminology is presented. Among the topics covered are health risks such as malnutrition, school failure, delinquency, child abuse and neglect; and family and community-based interventions designed to counteract risk factors and promote healthy development. This course is cross-listed across the four participating units.

Capstone Seminar in Prevention Science (1 credit)

This is a follow-up to the Prevention Science core course in which participants discuss their interests in prevention and emerging issues in the field. This bi-monthly brown bag introduces students to faculty in other departments and professionals/scholars from the community.

Elective Courses (Students select 2-4 courses, subject to approval of the Steering Committee) A sample of courses with significant prevention and intervention content are listed below.

Interventions in Social Services, Health, and Education

Health Promotion and Disease Prevention in Diverse Communities. (Nursing 702, 3 cr). Multidisciplinary approach for health promotion/disease prevention in diverse communities emphasizing the use of epidemiological psychosocial, and environmental data for aggregate/community assessment to determine shared risks, exposures, behaviors and interventions.

Child Welfare (Social Work 921, 2-3 cr.)

Implications of knowledge from the social and behavioral sciences and public welfare policy on child welfare problems and services.

Advanced Intervention Techniques (Educational Psychology 946, 3 cr.)

Critical examination of direct and indirect interventions for children's learning and behavior problems; emphasis on application to educational situations.

Social Policy

Social Welfare Policy (Social Work 944, 3 cr.)

A focus on U.S. social welfare policy with some emphasis on anti-poverty policy. The course includes overviews of the social welfare system and examples of conducting and

presenting policy analyses. This seminar provides a selective survey of U.S. social welfare policy, with particular emphasis on poverty and economic support policy. In addition to covering current social policy issues through standard techniques of quantitative policy analysis, the seminar explicitly considers alternative approaches to social policy analysis.

Seminar in Education and Social Policy (EPS 920, 3cr.)

Educational policy in the context of broader social policy, role of research and analysis in the formulation and implementation of policy, and specific policy issues. Focus varies one topic or several related topics.

Bridging the Gap Between Research & Action (HDFS 872, 3 credits)

This course addresses the critical skills and methods needed to gather and apply research-based knowledge and theory to issues in the behavioral and social sciences. Strategies for conducting research that has relevance for social policy, programs, and the general public will be discussed. Techniques for translating and communicating research and knowledge to these audiences will also be examined.

Family Policy (HDFS 766, 3 credits)

This course will explore the reciprocal linkages between family functioning and public/private policies at the local, state, and federal level. Students will explore how families contribute to social problems, how families are affected by these problems, and how a family focus in policymaking can contribute to solving social problems. Students will assess the consequences policies may have for family well-being with special attention to issues such as welfare reform, poverty, and youth risk behaviors. Students will critically examine different roles for professionals in policy design and implementation

Family and Community Studies

Human Behavior and the Environment (Social Work 711, 3 cr.)

The literature on human behavior and the environment is reviewed from a bio-psychosocial perspective. Special attention is given to understanding individual and family behavior and development as a function of reciprocal interactions with groups, communities, organization, and society. P: Grad student

Infancy and the Family (HDFS 760, 3 cr.)

Understanding of infants' socio-emotional, language, cognitive, perceptual and motor development within the context of the family and other social settings. Issues related to early developmental psychopathology and intervention will also be covered. P: Grad students or cons inst.

Childhood and the Family (HDFS 761, 3 cr.)

Explores family socialization topics relevant to development issues in the early and middle childhood. Relevant contextual issues i.e. class, caste, culture, and gender will be interfaced with traditional topics such as sex, stereotyping, racial identity, play, social competence, attachment, moral development and aggression. P: Grad students or cons inst.

Adolescence and the Family (HDFS 762, 3 cr.)

Overview of current research and theory on adolescent development as it pertains to the family. Relation of empirical and theoretical literature to programs, policy, and practice. P: Grad students or cons inst.

Aging and the Family (HDFS 763, 3 cr.)

Psychological and social aspects of aging. Interaction of aged individual with the family and larger social systems. Developmental principles, methodological considerations, theoretical/empirical issues, and findings. P: Sr or Grad student or cons inst.

Youth Development in Community and Policy Contexts (HDFS, 3 cr.)

This course explores adolescent development as it occurs in community settings such as neighborhoods, schools, youth organizations, and work places. Students synthesize empirical research with theory, ethnography, and experience to understand the processes through which communities affect adolescent development, and vice-versa. Special attention will be given to the design and evaluation of community-based initiatives and policies for positive youth development. .

Family Process, Health and Illness. (Nursing 713, 3 cr.) Analysis of structure and dynamics of traditional and variant family forms utilizing selected conceptual frameworks. Family utilization and health belief systems. Application of substantive and theoretical family research to improvement of family and health illness system transactions. Selected family contacts.

Methodology

Evaluation Research (SW 945, 3 cr.)

Overview of the theory and practice of program evaluation. Topics include history of the field, program conceptualization and design, implementation evaluation, impact assessment, and knowledge use. Current trends in experimental and quasi-experimental designs, qualitative approaches, and theory-driven evaluation also are covered. Students write evaluation reports on a specific program as a final project.

Benefit-Cost Analysis (Pub A 881, 3 cr.)

This course will present the welfare economics underpinnings for evaluating the social benefits and costs of government activities. Issues such as uncertainty, the social discount rate, and welfare weights will be discussed; case studies from the environmental, social policy, and agricultural areas will be studied.

Structural Equation Modeling (Epsy 711, 3 cr.)

Purposes and methods of conducting statistical analysis of structural models of linear and nonlinear data are covered. Topics include assessing causality, multiple regression, path analysis, measurement error, methods of estimation, and assessing goodness of fit for a wide variety of basic and applied research situations.

Advanced Quantitative Methods in Population Health (Prev Med 650, 3 cr.)

New course about statistical analysis in population health directly applicable to prevention science.

Qualitative Research Methods (HDFS 766, 3. cr.)

This methods course introduces students to the logic of qualitative research and the methods used for collecting and analyzing firsthand experience, subjective meaning and process. Different methodological perspectives will be covered, including interpretive phenomenological, grounded theory, and the extended case method.

Advanced Methods of Analysis in Prevention Intervention Research (Nursing 590, 3 cr)

The purpose of this methods course is to introduce researchers to hierarchical data structures in prevention research and the methods available for analyzing such structures. Topics include; why do we need special multilevel techniques, introduction to multilevel modeling, and special applications of multilevel models (i.e., sample survey methods, repeated measures data, event history models, discrete response data, multivariate models, growth modeling, and nonlinear models).

Methods of Qualitative Research. (Ed Pol, Soc, Rur Soc 755 3 cr)

Introduces qualitative or ethnographic research methods, emphasizing those suitable for educational and other organizational settings. Considers strengths and limitations of qualitative approaches in relation to varied research problems. Explores methodological procedures from entry into the field through writing.

Interpretive Research in Health Care Settings (Nursing 701, 3 cr.)

This course is designed to introduce graduate students to a variety of interpretive research methods and to explore how these methods have been/could be used to examine health care in general and nursing care in particular. P: Master's level or above.

Grounded Theory Methodology: Foundations and Practice (Nursing 801, 3 cr.)

This course is designed to explore the intellectual roots of the grounded theory method, its recent evolution, and provide the student hands-on practice designing a study and collecting and analyzing data. P: Nursing 701 or equiv and experience conducting field research. Students must have access to ongoing data collection opportunities. P: Grad Student

Updated 4/07

Appendix B

Example Course Syllabus for 880 and 881

PREVENTION SCIENCE

HDFS 880 (also Ed Psych, Nursing and Soc Work 880)

Wednesdays 2:45-5:15 PM

FALL 2006

101 Human Development and Family Studies Building

Course Professor:

Stephen Small Ph.D.

Department of Human Development & Family Studies

School of Human Ecology

201 HDFS Building

University of Wisconsin-Madison

Madison, Wisconsin 53706

sasmall@wisc.edu 263-5688

Description

The field of Prevention Science is concerned with reducing maladaptive behavior and promoting adaptive behavior in populations across the life course, through designing and evaluating interventions and utilizing knowledge about them. This course will provide a theoretical, empirical, and practical foundation for prevention science as it relates to human health, education, and social problems such as health risk behaviors, family violence, and delinquency. It will also examine interventions that promote health and development. We will discuss prevention models, principles of program design and evaluation, best practices, and the role of policy. Selected health, behavior, and social problem areas will be highlighted as indicated by student interest. The course is aimed at graduate students who have an interest in developing, implementing, and evaluating programs and policies designed to reduce social problems or enhance human development and health. This course can serve as the first course in the sequence for the interdisciplinary minor and certificate program in Prevention Science.

Course Objectives

The main objectives of the course are to (a) introduce students to the concepts and field of prevention science, (b) help prepare students to critique research on prevention and intervention topics, (c) provide students with the skills to conceptualize, design, implement, and evaluate prevention programs, and (d) help students utilize knowledge about effective prevention programs for policy development.

Prevention and Intervention Science Minor and Certificate

This course is required for the PhD Minor (Option A) and the Certificate in Prevention and Intervention Science. Sponsored by the Graduate School, the programs are administered by the following academic units:

Department of Educational Psychology, School of Education

Department of Human Development and Family Studies, School of Human Ecology

School of Nursing

School of Social Work, College of Letters and Science

The goal of the 10-credit Minor and 16-credit Certificate programs is to help prepare students for research and practice careers in preventive interventions, and program and policy evaluation. The primary areas covered in the programs are intervention in social services, health, and education, family and community studies, social policy, and methodology. In addition to the prevention and intervention science course, students are required to complete (a) a 1-credit capstone, (b) specialized courses approved by the program steering committee, and (c) a prevention research project under the direction of a faculty mentor. For more information and application materials, see our web site: <http://www.preventionscience.wisc.edu>.

Policy on Student Concerns/Complaints

Any student who has a concern or complaint specific to an experience in this course should first talk with the course professor. If the solution is still not satisfactory, the student should discuss the situation with the Chair of the Department of Human Development & Family Studies.

Policy on Academic Integrity

“Students are responsible for the honest completion and representation of their work, for the appropriate citation of sources, and for respect of others' academic endeavors. Students who violate these standards must be confronted and must accept the consequences of their actions.” (UWS 14.01) If you have any questions about the interpretation of this policy, please see the course professor.

Students with Disabilities or Special Needs

The McBurney Disability Resource Center, 263-6393, provides academic support services to students with disabilities. Students seeking accommodation should contact the center and request assistance as early as possible, preferably at least eight weeks prior to the date of anticipated need. It is the responsibility of students to inform nursing faculty, in a timely manner, of their request for accommodation. Faculty will work with students to identify and provide reasonable instructional accommodation, either directly or in coordination with McBurney. We wish to fully include all persons in this course, particularly those with disabilities. Please let us know if you need any special accommodations in the curriculum, instruction, or assessments of this course to enable you to fully participate. We will respect the confidentiality of the information you share with us.

Course Expectations

Students are expected to (a) participate actively in all class meetings, (b) complete all class readings, (c) write several short papers related to the weekly topic and class readings, (d) make several class presentations, (e) write a literature review on a prevention topic of their choice and (f) provide written feedback to their peers.

Course Readings.

These chapters and articles should be read prior to class and will be the focus of our class discussion and activities. Most of the readings will be available in the course reading packet which is available at the L&S Copy Center located at 6120 Social Science Building (M-F 7:45-4:10). Additional readings are available on-line at the web addresses indicated on the syllabus. Readings

related to specific topics or projects may be assigned at a later date. Optional readings will be available in the HDFS student lounge located in the basement of the HDFS Building.

COURSE ASSIGNMENTS

I. Reaction/Reflection Papers are designed to stimulate the student's thinking and reflection. These assignments will provide the student with an opportunity to think critically and reason on topics related to prevention science. Three papers will be assigned over the course of the semester. Reflection papers are expected to be 2-4 typewritten, double-spaced pages and are due on the day of class.

II. Review and critique of Prevention Program Registries. Students will select and critically review (in writing) a web based prevention program registry. Questions to be addressed in this review include: What does the site cover? How is it organized? What are its strengths and weaknesses? How easy is it to use? How can it be improved? Would you recommend it? Students will also be expected to present a brief overview of the registry web site to the class.

III. Program Theory Analysis of a Prevention Program. Students will identify an actual prevention program currently being implemented to which you can have access. You will be responsible for carefully reviewing available materials and activities related to the selected prevention program. You should also interview a minimum of two program managers, staff, or administrators. Based on this information, students will provide a detailed written description of the program theory, model, or concepts that guide the program. The implicit and explicit program theories, models, or concepts should be included. The program should also be charted using a logic model. When inconsistencies between sources are found they should be noted and discussed (e.g., between staff members and written materials). There will be an optional opportunity to work directly with a Milwaukee area prevention/intervention program on this assignment through the two-part Evidence-based Programs Workshop to be offered on Tuesday, October 31 and Tuesday, November 14. Students who choose to work with one of these agencies can have their travel expenses covered through a special grant.

IV. What Works Literature Review. Each student will individually conduct a brief review (10 pages maximum) of the literature on a topic of interest related to prevention. Questions to be addressed include: What does this literature suggest about exemplary programs, principles and best practices in this area? What is the strength of the evidence base for addressing this problem or issue? Based on this literature what guidelines would you provide to practitioners or policymakers interested in addressing this issue? As part of this assignment, students will include a 1-2 page summary piece targeted at practitioners and policymakers. There will be an optional opportunity for students to select a content area relevant to the needs of a Milwaukee area prevention/ intervention program that is participating in the two-part Evidence-based Programs Workshop to be offered on Tuesday, October 31 and Tuesday, November 14. Students who choose to work with one of these agencies can have their travel expenses covered through a special grant.

V. Peer Review and Presentation of Prevention Literature Review. Peer review is an integral part of professional practice and scholarship. Students will exchange drafts of their written reviews and provide constructive, written feedback to the author. Students will also present the major findings and recommendations of their literature review to the class on November 29th, December 6th, or December 13th.

VI. Class participation in discussions is expected. Students will have the opportunity, as individuals or in groups, to present their reflections on prevention, models for prevention, and seminal work in their field. In addition, students are expected to provide constructive feedback to the thinking of their peers.

VII. Two Questions. Each week students are expected to bring at least 2 questions they have about the week's readings or topic. We will use these questions to help guide our discussion and to clarify difficult or murky issues.

<u>Summary of Class Assignments</u>	<u>Due Date</u>	<u>% grade</u>
Reflection paper 1: What should be the goal of prevention?	9/13	10%
Reflection paper 2: What's the best way to validate prev. programs?	10/4	10%
Review & critique of a program registry	10/11	10%
Reflection paper 3: Do programs need to be locally adapted?	11/1	10%
Program model analysis	11/8	20%
First draft of literature review due	11/15	
Peer review of literature reviews due	11/29	
Class presentation of review	11/15-12/13	
Final draft of literature review due	12/18	30%
Class participation		<u>10%</u>
		100%

CLASS SCHEDULE

Class 1. September 6: Course Overview

REQUIRED READINGS:

Coie, J. D., Watt, N. F. et al. (1993). The science of prevention. A conceptual framework and some directions for a national research program. *American Psychologist*, 48, 1013-1022.

Levine, M. (2000). Prevention and progress: A brief history of prevention. *Journal of Primary Prevention*, 21, 159-169.

Reiss, D. & Price, R. H. (1996). National research agenda for prevention research. The National Institute of Mental Health report. *American Psychologist*, 51, 1109-1115.

Class 2. September 13: Concepts, Issues, and Principles in Prevention Science

Paper due: What should be the goal of prevention?

REQUIRED READINGS:

Cowen, E. L. (1994). The enhancement of psychological wellness: Challenges and opportunities. *American Journal of Community Psychology*, 22, 149-179.

Munoz, R., Mrazek, A. & Haggerty, R. (1996). Institute of Medicine report on prevention of mental disorders. *American Psychologist*, *51*, 1116-1122.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, *9*, 1-26.

OPTIONAL READINGS:

Heller, K. (1996). Coming of age of prevention science. *American Psychologist*, *51*, 1123-1127.

Small, S. & Memmo, M. (2004). Contemporary models of youth development and problem prevention: Toward an integration of concepts, terms and models. *Family Relations*, *53*, 3-11.

Class 3. September 20: : Principles of Effective Prevention Programs

REQUIRED READINGS:

Bond, L, & Hauf, A. (2004). Taking stock and putting stock in primary prevention: Characteristics of effective programs. *Journal of Primary Prevention*, *24*, 199-221.

Nation, M. et. al. (2003). What works in prevention. *American Psychologist*, *58*, 449-456.

Weissberg, R., Kumpfer, K., & Seligman, M. (2003). Prevention that works for children and youth. *American Psychologist*, *58*, 425-432.

Class 4. September 27: The Planning and Design of Prevention Programs and Initiatives

REQUIRED READINGS:

Dumka, L. E, Roosa, M. W., Michaels, M. L. & Suh, K.W. (1995). Using research and theory to develop prevention programs for high risk families. *Family Relations*, *44*, 78-86.

Kettner, P., Moroney, R. & Martin, L. (1999). Selecting the appropriate intervention strategy. In P. Kettner, R. Moroney & L. Martin, *Designing and managing programs* (pp. 73-178). Thousand Oaks, CA: Sage.

McKenzie, J. & Smeltzer, J. (2001). Interventions. In J. McKenzie & J. Smeltzer, *Planning, implementing and evaluating health promotion programs: A primer* (pp.170-200). Needham Hts., MA: Allyn and Bacon.

Sussman, S. & Will, T. (2001). Rationale for program development methods. In S. Sussman, (Ed.), *Handbook of program development for health behavior research and practice* (pp.

3-30). Thousand Oaks, CA: Sage.

OPTIONAL READINGS:

McKenzie, J. & Smeltzer, J. (2001). Models for health education and health promotion programming. In J. McKenzie & J. Smeltzer, *Planning, implementing and evaluating health promotion programs: A primer* (pp.12-45). Needham Hts., MA: Allyn and Bacon.

McKenzie, J. & Smeltzer, J. (2001). Theories and models commonly used for health promotion interventions. In J. McKenzie & J. Smeltzer, *Planning, implementing and evaluating health promotion programs: A primer* (pp. 137-169). Needham Hts., MA: Allyn and Bacon.

Class 5. October 4 Prevention Research Models and Forms of Evidence

Paper: What's the best way to validate prevention programs? (Class Debate on Randomized Trials)

REQUIRED READINGS:

Flay, B., et. al. (2005). Standards of evidence: Criteria for efficacy, effectiveness and dissemination. *Prevention Science*, 6, 151-175.

Kellam, S. G., & Langevin, D. J. (2003). A framework for understanding evidence in prevention research and programs. *Prevention Science*, 4, 137-153.

McCall, R. & Green, B. (2004). Beyond the methodological gold standards of behavioral research: Considerations for practice and policy. *Social Policy Report*, XVIII (entire issue). Retrieved on June 22, 2006 from <http://www.srcd.org/Documents/Publications/SPR/spr18-2.pdf>

Schorr, L. B. (February, 2003). Determining "what works" in social programs and social policies: Toward a more inclusive knowledge base. Washington, DC: *Brookings Institution*. Retrieved June 22, 2005 from <http://www.brookings.edu/views/papers/sawhill/20030226.pdf>

OPTIONAL READINGS:

U.S. Department of Education, What Works Clearinghouse. (2006). What works clearinghouse study review standards. Retrieved May 21, 2006 from http://www.w-w-c.org./reviewprocess/study_standards_final.pdf

Class 6. October 11: Evidence-based Programs, Practices, and Principles

Review of program registries due.

REQUIRED READINGS:

- Brounstein, P., Gardner, S. & Backer, T. (2006). Research to practice: Efforts to bring effective prevention to every community. *The Journal of Primary Prevention*, 27, 91-109.
- Brown, C. H., Berndt, D., Brinales, J. M., Zong, X., & Bhagust, D. (2000). Evaluating the evidence of effectiveness for preventive intervention, using a registry system to improve policy through science. *Addictive Behaviors*, 25, 955–964.
- Embry, D. (2004). Community-based prevention using simple low-cost, evidence-based kernels and behavior vaccines. *Journal of Community Psychology*, 32, 575-591.
- Oshana, D. (2006). *Evidence-based practice: A primer and resource guide*. Chicago: Prevent Child Abuse America.

OPTIONAL READINGS:

- Dunifon, R., Duttweiler, M., Pillemer, K., Tobias, D., & Trochim, W. (2004). Evidence-based extension. (2004). *Journal of Extension*, 42. Retrieved April 29, 2004 from <http://www.joe.org/joe/2004april/a2.shtml>
- Weisz, J., Sandler, I., Durlak, J. & Anton, B. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 60, 628-648.
- Tobler, N. S., & Stratton, H. H. (1997). Effectiveness of school-based prevention programs: A meta-analysis of the research. *Journal of Primary Prevention* 18, 71–128.

Class 7. October 18: Evaluating Prevention Programs, Part 1.

Guest Speaker: Ellen Taylor-Powell (logic models)

REQUIRED READINGS:

- Hernandez, Marion. (2000). Using logic models and program theory to build outcome accountability. *Education and Treatment of Children*, 23, 24-41.
- McLaughlin, G.B., & Jordan, J. (1999). Logic models: A tool for telling your program's performance story. *Evaluation and Program Planning* 22, 65-72.
- Weiss, C. (1998). Understanding the program. In C. Weiss, *Evaluation*, pp 46-71. Upper Saddle River, NJ: Prentice Hall.

OPTIONAL READINGS/ LINKS ON LOGIC MODELS:

- Millar, Simeone, Carnevale.(2001). Logic models: a systems tool for performance management. *Evaluation and Program Planning* 24, 73-81.

University of Wisconsin Cooperative Extension web course on logic models:
www.uwex.edu/ces/lmcourse

University of Wisconsin Cooperative Extension resources on logic models:
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

Emory/Rollins Universities tobacco technical assistance site at
http://www.ttac.org/power-of-proof/setting_stage/defining_program.html

Kellogg Foundation Evaluation Guide: Section on logic models:
<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf>

U.S. Center for Disease Control (CDC) resources at
<http://www.cdc.gov/eval/resources.htm>

The University of Kansas Community Toolbox at
http://ctb.ku.edu/tools/en/section_1877.htm

Class 8. October 25: Evaluating Prevention Programs, Part 2.

REQUIRED READINGS:

Jacobs, F. (2003). Child and family program evaluation: Learning to enjoy complexity. *Applied Developmental Science*, 7, 62-75.

Wandersman, A., Imm, P., Chinman, M. & Kaftarian, S. (2000). Getting to outcomes: A results based approach to accountability. *Evaluation and Program Planning*, 23, 389-395.

OPTIONAL READINGS:

Chinman, M., Imm, P., & Wandersman, A. (2004). Getting to outcomes: Promoting accountability through methods and tools for planning, implementation and evaluation. Santa Monica, CA: The Rand Corporation. Retrieved July 2006 from
http://www.rand.org/pubs/technical_reports/2004/RAND_TR101.pdf

Tuesday, October 31, Evidence-based Programs Workshop, Pt. 1 in Milwaukee 8:30-Noon

Class 9. November 1: From research to practice: Disseminating, Implementing and Adapting Prevention Programs, Part 1. / Social Marketing as a Prevention Strategy

Guest Speaker: Kelly Mella

Paper due: Do prevention programs need to be adapted to the local community in order to be optimally effective?

REQUIRED READINGS:

(Social Marketing)

Arkin, E., Maibach, E. & Parvanta, C. (2002). General public: Communicating to persuade. In D. E. Nelson, R.C. Bronson, P.L. Remington, & C. Parvanta (Eds.), *Communicating public health information effectively*, (pp. 59-71). Washington, DC: American Public Health Association.

Grier, S. & Bryant, C. (2005). Social marketing in public health. *Annual Review of Public Health*, 26, 319-339.

Lum, M., Parvanta, C., Maibach, E., Arkin, E. & Nelson, D. (2002). General public: Communicating to inform. In D. E. Nelson, R.C. Bronson, P.L. Remington, & C. Parvanta (Eds.), *Communicating public health information effectively*, (pp. 47-57). Washington, DC: American Public Health Association.

(Program Dissemination)

Backer, T. E. (2000). The failure of success: Challenges of disseminating effective substance abuse prevention programs. *Journal of Community Psychology*, 28(3), 363–373.

Miller, R. & Shinn, M. (2005). Learning from communities: Overcoming difficulties in dissemination of prevention and promotion efforts. *American Journal of Community Psychology*, 35, 169-183.

OPTIONAL READINGS:

Durlak, J. (1998). Why program implementation is important. *Journal of Prevention and Intervention in the Community*, 17, 5-18.

Dusenbury, L. & Hansen, W. (2004). Pursuing the course from research to practice. *Prevention Science*, 5, 55-59.

Elliott, D.S. & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 54, 47-53.

Fixsen, D., Naoom, S., Blasé, K., Friedman, R. & Wallace, F. (2005). Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The national Implementation Research Network. Retrieved on July 2, 2006 from <http://nirn.fmhi.usf.edu/resources/publications/Monograph/>

Mihalic, S., Fagan, A., Irwin, K., Ballard, D., & Elliot, D. (2004). *Blueprints for Violence Prevention*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Retrieved on June 22, 2006 from <http://www.ncjrs.gov/pdffiles1/ojjdp/204273.pdf>

Pentz, M.A. (2004). Form follows function: Designs for prevention effectiveness and diffusion research. *Prevention Science*, 5, 23-29.

Racine, D. (2004). Capturing the essential elements. Philadelphia, PA: Public/Private Ventures. Retrieved on June 22, 2006 from http://www.ppv.org/ppv/publications/assets/179_publication.pdf

U.S. Department of Health and Human Services (2002). Finding the balance: program fidelity and adaptation in substance abuse prevention: A state of the art review. Retrieved on March 2006 from <http://modelprograms.samhsa.gov/pdfs/FindingBalance1.pdf>

Class 10. November 8: From research to practice: Disseminating, Implementing and Adapting Prevention Programs, Part 2. Cultural Issues in Prevention Science

Guest Speaker: Mary Huser Program model analysis due

REQUIRED READINGS:

Castro, F., Barrera, M. & Martinez, C. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science*, 5, 41-45.

Lopez, S., Edwards, L., Pedrotti, J., Ito, A. & Rasmussen, H. (2002). Culture counts: Examinations of recent applications of the Penn Resiliency Program or, toward a rubric for examining cultural appropriateness of prevention programming. *Prevention and Treatment*, 5. Article 12. Retrieved July 15, 2006, from <http://journals.apa.org/prevention/volume5/pre0050012c.html>

Roosa, M., Dumka, L., Gonzales, N. & Knight, G. (2002). Cultural/Ethnic issues and the prevention scientist in the 21st century, *Prevention and Treatment*, 5, 1-13.

OPTIONAL READINGS:

Kumpfer, K., Alvarado, R., Smith, P. & Bellamy, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science*, 3, 241-246.

Turner, W. L (2000). Cultural considerations in family-based primary prevention programs in drug abuse. *Journal of Primary Prevention*, 21, 285–303.

Tuesday, November 14, Evidence-based Programs Workshop, Pt. 2 in Milwaukee 8:30-Noon

Class 11. November 15: Prevention Policy: The Politics of Prevention

Student Presentations

REQUIRED READINGS:

Bales, Susan, (2001). Reframing youth issues for public consideration and support. Retrieved on June 30, 2006 from: <http://www.frameworksinstitute.org/products/reframing.pdf>

Durlak, J. (1997). Importance of policy (Chapter 9). In J. Durlak, *Successful prevention programs for children and adolescents*, (pp.159-176). New York: Plenum Press.

Frameworks Institute. (2006). The FrameWorks perspective: Strategic frame analysis. Retrieved on May 23, 2006 from:
<http://www.frameworksinstitute.org/strategicanalysis/perspective.shtmlwww>.

Class 12. November 22: Catch up week (to be scheduled)

Class 13: November 29: Cost-Benefit Analysis and other methods for assessing the public value of prevention programs

Guest Speaker: Katherine Magnuson

Student presentations

REQUIRED READINGS:

Barnett, W. S. (1998). Benefit-cost analysis and related techniques. In A. J. Reynolds & H. J. Walberg (Eds.), *Evaluation research for educational productivity* (pp. 241-261). Greenwich, CT: JAI Press.

Plotnick, R. & Deppman, L. (1999). Using benefit-cost analysis to assess child abuse prevention and intervention programs. *Child Welfare*, 78, 381-407.

Class 14. December 6: Topics to be determined

Student Presentations

Class 15 December 13: Topics to be determined

Student Presentations

University of Wisconsin-Madison

SYLLABUS

Nursing 775: Interdepartmental Seminar on Prevention and Intervention
Spring, 2001

Thursdays 12:15 to 2:00 PM
K6/146 CSC

COURSE PROFESSORS: Susan K. Riesch DNSc RN FAAN
Professor & Associate Dean
K6/244, Clinical Sciences Center
608-263-5169
skriesch@facstaff.wisc.edu

Jeff Braden PhD
Professor
316E, Educational Sciences
608-262-4586
jbraden@education.wisc.edu

PROGRAM ASSISTANT: Donna Graves
djgraves@facstaff.wisc.edu
608 263-5180

CROSSLISTINGS: School of Education, Dept. of Educational Psychology
College of Letters and Science, Dept. of Social Work
School of Human Ecology, Dept of Human Development
and Family Science

CAPSULE STATEMENT: This 1 credit course introduces and provides an opportunity for students and faculty across departments and professionals in the community to discuss research underway, emerging issues, and other areas of interest in the field of prevention and intervention science.

PREREQUISITES: Prevention and Intervention Science 3-credit course

COURSE GOALS:

1. Demonstrate knowledge of an array of ongoing research and demonstration studies in the field of prevention and intervention science;
2. Conceptualize challenges to conducting prevention and intervention science and how to address the challenges;
3. Demonstrate critical thinking around issues in prevention and intervention science;

4. Apply concepts and methods of prevention and intervention science to one's own research;
5. Contribute to the development of prevention and intervention science knowledge development and dissemination through thoughtful discussion.

SPECIAL NEEDS

Any student who has concerns or complaints specific to their experience in this course should first talk with the course faculty. If the issue is not resolved at this level, the student should discuss the situation with an Associate Dean. If you have a documented disability and wish to discuss academic accommodations, please contact the professor as soon as possible.

COURSE REQUIREMENT

Students will visit internet sites to gather resources that will be useful to themselves and colleagues for work in prevention and intervention science. We will generate criteria to use to evaluate the site. Each student will visit a number of sites and using the criteria they will contribute one internet site to be compiled for the entire class. At one of the last classes we'll visit the sites and discuss them.

COURSE OUTLINE

Class 1: January 25, Introductions and purpose of the course

Class 2: February 8, Efforts at tobacco prevention

What do we know about kids and tobacco and how can we reduce kid's participation?

Patrick Remington PhD
Professor, Preventive Medicine

Dr. Remington's remarks can be viewed at

<http://www.medsch.wisc.edu/prevmed/pubhlth/Lectures.html>

Class 3: February 22, Prevention and Intervention Science Concepts Applied to Health Planning

Wisconsin's Turning Point: Taking action to transform the public's health

Margaret O. Schmelzer MS RN
Public Health Nursing Director
State of Wisconsin Bureau of Public Health
Chief, Wisconsin Turning Point Initiative

and
 Peggy Hintzman PhD
 Assistant Director
 Wisconsin State Laboratory of Hygiene

Learn about Turning Point ahead of time at

www.dhfs.state.wi.us/health/TurningPoint/Tpindex.htm

Class 4: March 8,

Review of Prevention/Intervention “threads”? What are we looking for in the various presentations? (hint: review Coie, J. D., Watt, N. F., Hawkins, J. D., Asarnow, J. R., Markman, H. J., Ramey, S. L., Shure, M. B., & Long, B. (1993). The science of prevention: A conceptual framework and some directions for a national research program. American Psychologist, 48, 1013-1022.

and

Mrazek, P. J., & Haggerty, R. J.(Eds.) (1994). Reducing risks for mental disorders: Frontiers for preventive intervention research. (Report of the a study committee of the Institute of Medicine, Division of Behavioral Sciences and Mental Disorders, National Academy Press.

Latrice Green

Class 5: March 22,

School systems and prevention/intervention science

Suh-Ruu Ou
 Emily Mann
 The Chicago Longitudinal Project

Class 6 April 5,

Barry Feld
 author of Bad kids: race & the transformation of the juvenile justice system.
 Check out his new book at
<http://www.oup-usa.org/isbn/0195097874.html>

Class 7: April 19,

No class, attend SRCDC or School Psychology Meetings or study.

Class 8: May 3,

Amy Leventhal (Jeff Braden protégé who did a prevention-based internship in Chicago) & Sam Wulshon (Head Start, Madison)

Class 9: May 10

Visiting our websites. Class will be in the Educational Sciences Building

Appendix C

Criteria for the Required Practicum in Prevention Science

Criteria for the Required Practicum in Prevention Science

Purpose and Description

The purpose of the practicum is to provide students who are seeking a minor or certificate in Prevention Science with an opportunity to apply principles of Prevention Science to genuine problems or issues with supervision and support. The practicum may be taken for credit, or may be completed without credit hours. Students must document their practicum experiences to satisfy the minor and certificate requirements. The practicum should be taken after the student has completed the 880 seminar in Prevention Science.

Criteria

All practica must satisfy the following criteria:

1. **Supervision.** The practicum must be supervised by a member of the UW-Madison faculty. Although collaborative supervision is encouraged (e.g., a faculty member and a field-based supervisor may share supervision), at least one supervisor must be a faculty member. Experiences completed in the context of other credit-generating activities (e.g., thesis or dissertation work) could count toward the practicum requirement, if all other requirements are satisfied.
2. **Hours.** Practica should encompass 3-4 hours/week/credit. For example, if the practicum is taken for 3 credits, the student should complete approximately 10-12 hours per week, or a total of 150-180 hours of work in a given semester. Time spent in supervision should be included in the total practicum hours. All practica (including those not taken for credit) should be at least 50 hours.
3. **Setting.** Practica may be on or off-campus. The setting should include activities or services that are related to prevention science via direct (e.g., clinic, school, hospital, extension program, community center) or indirect (e.g., research, program evaluation) services.
4. **Product.** All practica must culminate in a product that is of value to individuals or groups beyond those who evaluate the student's academic progress. That is, the work or product must do more than satisfy a course, thesis, or dissertation requirement; it must be of value to a broader or different audience. Examples of products include informational brochures, web sites, workshops, treatment manuals, papers at professional meetings, or refereed publications. Examples of products that would not satisfy this requirement include theses, dissertations, or papers completed to satisfy course requirements. It would be acceptable to use a thesis, dissertation, or course-specific product as a basis for a practicum product, but the final product must exist in a distinct form with a target audience beyond the university. For example, thesis work could form the basis for a practicum, but in addition to the written thesis, the student must produce some other product (e.g., a paper, journal article, workshop presentation of results) to have the work count toward a practicum. Indirect products (e.g., a log of

hours spent working with clients) would also be acceptable to satisfy this requirement, but are less desirable than permanent products produced for use by other individuals or agencies.

Documentation

All practica must be documented in three ways:

1. **Practicum Proposal.** A short, one page description of the practicum to be submitted to the steering committee members for approval in advance.
2. **Description.** The practicum supervisor(s), the student, and student's academic advisor must draft and sign a one-page description of the practicum experience that identifies the setting, hours, and activities performed in the practicum and explains how the practicum product meets the specified criteria. This will be submitted with the product for final approval.
3. **Product.** The finished product of the practicum should be submitted to steering committee members for approval when completed and at least two months before graduation.

Review & Approval

A practicum proposal should be submitted to the Prevention & Intervention Science Steering Committee for approval in advance. The proposal should be a short description of the project as well as how the practicum meets the specified product criteria. The committee will review the materials and approve or deny the practicum proposal. Students should submit practicum proposals for approval as early as possible to ensure adequate time to resolve any difficulties in the approval process. Also, students should contact the committee for advice about whether a particular experience would meet the practicum requirement to ensure practica are structured to meet requirements. Committee members will work with students, advisors, and supervisors before the practicum begins to ensure the practicum is appropriate for the purposes of the minor/certificate. When completed, and at least two months before the student's expected date of graduation, the finished practicum product should be submitted to the steering committee for final approval.

Appendix D

Affiliate Faculty in Prevention Science

Affiliate Faculty in Prevention Science

Lawrence Berger, PhD, Social Work

Erik Carter, PhD, Rehabilitation Psychology & Special Education

Beth Graue, PhD, Curriculum and Instruction

Thomas Kratochwill, PhD, Educational Psychology

Patrick Remington, MD, Population Health