A. MISSION AND AREAS OF FOCUS

The Child and Family Psychosocial Research Center (CFPRC) is a knowledge development research center that specializes in the development and evaluation of knowledge concerning child and family psychosocial treatment and prevention interventions. The Center’s knowledge development efforts have specifically focused on how to design and implement efficacious treatment interventions for reducing distress in children and adolescents (and their families) caused by excessive fear and anxiety. In this knowledge domain, CFPRC aims to extend current understanding of the nature and origins of emotional problems in youth (referred to as “internalizing” problems, i.e., anxiety, phobias, depression, posttraumatic stress disorders and so on). Internalizing problems are viewed as being one of the most, if not the most, prevalent psychiatric among our country’s youth. Unfortunately, however, these problems are not well understood and have been insufficiently emphasized among researchers. As a result, mental health professionals typically use untested treatment procedures in their work with youngsters who display these problems—treatments that usually do not “work.” Thus, the primary goal of the Child and Family Psychosocial Research Center is to use the knowledge garnered from its research activities to develop effective treatment methods that will alleviate the distress and suffering that internalizing problems present to youth and their families. Toward this end, the focus of the Center’s work is on the developing, implementing, and evaluating effective methods for the prevention, assessment, and treatment of internalizing problems.

B. ORGANIZATION, EXTERNAL TRENDS AND STRATEGIC DIRECTIONS

1. Organizational Issues

As a research center, the organizational structure of the faculty and staff of CFPRC reflects its mission:

Director -- (Dr. Wendy Silverman) is responsible for the overall planning, implementation and supervision of all aspects of the clinical and research activities of the Center throughout the year as well as for the fiscal and administrative management of the Center. The Director also is responsible for the clinical and research supervision of any posts and the graduate and undergraduate students, as well as dissertation activities.

Associate Director -- (Dr. William M. Kurtines) is responsible for the planning and supervision of the research activities of the Center throughout the year. The Associate Director also is responsible for the procedures and format for data collection, coding, entry, and analytic strategies. Additional responsibilities include knowledge dissemination and assistance in the Center’s fiscal management.

2. Advisory Board Members

N/A

3. External Trends

The external trends that have had the most influence the Center have been (and will continue to be over the next five years) the diminishing availability of external sources of funding and the increased competition for the limited funds that are available. We plan to address this challenge by utilizing more effectively our current funding to provide not only support for our ongoing research activities, but also to boot strap our efforts to obtain future additional funding.
4. Strategic Directions and Areas of Emphasis

Although the clinical research literature has begun to reflect the advances that have taken place in developing a knowledge base underlying the treatment of youth with anxiety and/or phobic disorders, much remains to be done in the development of practical as well as conceptual knowledge. The challenge for the Center is to continue to extend the advances that have been made.

C. 2000-2001 ANNUAL ACCOMPLISHMENTS

University Goal II. To Promote Research and Creative Activities Which Contribute to the Scientific and Technological Foundations of the 21st Century;

Long Range Goal

Our long term goal is to become a nationally and internationally recognized center for the development of knowledge concerning child and family psychosocial treatment and prevention interventions. This involves two main objectives. The first (Objective 1) is developing an organizational and budgetary infrastructure at the Center that will provide support for scholarly and research activities and actively pursuing the means (e.g. external funding, internal collaborative arrangement within and between disciplines, community involvement, etc.) for the actual conduct of psychosocial research with children and families. The second (Objective 2) is knowledge development and dissemination activities (scholarly publications in the form of journal articles, books, chapters, etc.) that contribute to the treatment of youth with anxiety and/or phobic disorders and the growing visibility of FIU as a world-class research institution.

Objective 1: Developing Infrastructure Support

Measurable Outcomes:

2000-2001 Objective 1A:

As part of our effort to expand the infrastructure of the Center work have begun to seek funding for working with youth in school settings. In this frame, we submitted an ROI to National Institute of Child Health and Development (NICHD) entitled, PROMOTING YOUTH DEVELOPMENT (Amount $298,530.00) for the March 1 deadline. This proposed study seeks support for the development of a Youth Development Program that we have been developing at a local alternative high school that focuses on preventing school dropouts in troubled urban youth.

2000-2001 Outcome: 1A

We received the results of the review for the project entitled PROMOTING YOUTH DEVELOPMENT. The project did not receive funding, but we feel that it is possible to address the main concerns

2000-2001 Objective 1B:

In addition to the PROMOTING YOUTH DEVELOPMENT we also submitted to a private foundation, the W. T. Grant Foundation a related research grant entitled, THE CHANGING LIVES PROGRAM: FACILITATING THE TRANSITION TO ADULTHOOD IN DISADVANTAGED URBAN YOUTH (Amount $107,675.00) for the June 30 deadline.

2000-2001 Outcome: 1B
This grant is scheduled for review in October.

2000-2001 Objective: 1C

Finally, we also submitted an RO1 entitled THERAPY SPECIFICITY AND MEDIATION EFFECTS to the National Institute of Mental Health (NIMH) for the October 1 deadline (amount, $500,000). In May 2001 we received a very positive first set of reviews and a score of 191, and we re-submitted this grant for the July 1 deadline.

2000-2001 Outcome: 1C

This grant is scheduled for review in March.

New 2001-2002 Objective: 1

The objective for 2001-2002 is to continue our effort in developing infrastructure support and to complete the final waves of follow-up data collection, analyze the data, and prepare scientific articles and other publication disseminating the knowledge generated by our previous funded the project, an NIMH funded randomized clinical trials, entitled GROUP PSYCHOSOCIAL THERAPY WITH PHOBIC/ANXIOUS CHILDREN, (amount $322,033.00).

Objective 2: Knowledge Development and Dissemination

Measurable Outcomes:

2000-2001 Objective 2A:

To continue to prepare scientific publications base on our previous projects.

2000-2001 Outcome: 2A

BOOKS


REFEREED ARTICLES


BOOK CHAPTERS


Additional publications resulting from our efforts to develop school-based interventions include:


Measurable Outcome:

2000-2001 Objective 2B:

To prepare a scientific article describing the results of a Center study, an NIMH funded randomized clinical trials, (Parent-Child Dyadic Therapy for Anxious/Phobic Youth, Amount $299,556), parent-child treatment study and submit it for publication in a first tier refereed journal in the field.

New 2001-2002 Objective: 2

Objective 2 for 2001-2002 is to continue our effort in knowledge development and dissemination.

D. 2001-2002 ANNUAL GOALS

To continue developing infrastructure support and knowledge development and dissemination activities as described under Objectives 1 and 2.