As I finish my first nine months as Dean, I want to thank the many people who have helped me transition into this role and learn about the great things going on in our School and University. This is a special place, and it is inspiring to be in the midst of so many talented people and so much creative work.

As I write this, I am again reminded that social work is more important than ever. Children are being separated from their families at our borders, an opioid crisis is engulfing countless families, gun violence in our communities and schools threatens our security and the learning environments of our children, and we continue to be infested with hatred and biases based on people’s race, ethnicity, gender, and political views. And these are just a small sample of the deeply troubling issues we face. Social workers bring their talents and values to these issues every day, whether it be by working on the front lines directly assisting vulnerable individuals and families, helping troubled communities plan and implement better programs, or working to form more just and humane laws and policies. Our work is vital to the positive development of our society, and we all can be proud of it.

This report highlights only a few of the exciting initiatives in which our School community has been engaged over the last year. Our BSW and MSW programs continue to grow, and we enjoyed unusually high numbers of PhD graduates and new recruits. We began work on large training and workforce development projects with the Illinois Department of Children and Families Services and the Illinois Department of Healthcare and Family Services, as well as a new Health Services Research Administration grant to train MSW students for integrated rural health care delivery practice. We hired five talented new faculty members who will bring a great infusion of new skills and ideas to complement the cutting-edge research in which our faculty members are immersed. And we enjoyed a record year for gifts to the School, thanks to the generosity of countless alumni, community members, and service agencies.

Thank you again for all of your contributions and help this year. While we take pride in our accomplishments, we know we must constantly generate new solutions related to the vexing social problems we face. Please join us in this work as your time, resources, and interests allow, and always feel welcome to bring forth ideas to me and others in the School.

Best Wishes,

Steve Anderson, Dean and Professor
Rural and underserved areas in Illinois are about to receive an influx of behavioral health providers, thanks to a four-year, $1.9 million grant from the federal Health Resources and Services Agency (HRSA).

That agency recently designated over 90 percent of the state’s counties as having a shortage of mental health professionals, and is funding an Illinois Behavioral Health Workforce Education, Leadership and Learning (BHWELL) program to help alleviate that problem.

Janet Liechty, an associate professor of social work and of medicine at the University of Illinois, is principal investigator for the project, which will train 116 MSW students over the grant’s four years to provide collaborative health care services in primary care settings. Grant partners include the National Center for Rural Health Professions (NCRHP) and the Illinois Area Health Education Center Network (AHEC) at the Illinois College of Medicine Rockford.

First Cohort’s Experience
“"Our first cohort of students started their internships in May or in August, and will finish in December 2018 or May 2019,” Liechty says. “They are doing great! Some are in internships with ample opportunities to practice integrated care and others are in organizations at the early stages of implementing integrated care.”

The students are paired with rural and urban healthcare partners and clinic networks, which open up more field placement opportunities in primary care settings that serve rural and underserved areas.

“This is a very exciting development, because it mirrors trends in healthcare toward more outpatient care, and better coordination of care in primary care settings,” Liechty says. “In addition, we are incorporating more readings, cases, and speakers on rural health needs and underserved populations, such as LGBTQ, to expand cultural competence.”

The spectrum of integrated care services, she says, includes brief assessment and screening for depression, anxiety, suicidal risk, trauma, or substance use disorders, as well as crisis intervention, brief counseling, motivational interviewing, goal-setting, relaxation training and mindfulness, coping skills, cognitive behavioral therapy, and psychoeducation.

The 29 MSW students who enter the program in each of its four years will take the full MSW curriculum with a clinical concentration, and also complete courses and electives that enhance training in health and mental health (such as Integrated Care, Substance Use, Trauma and Children, and Groups), Liechty says. They also participate in interprofessional education opportunities with students in other health professions, such as medical students or nursing students. Their field placement happens in a primary care setting where integrated care and team-based care are practiced, Liechty adds.

“We currently have 16 sites that have students in the first cohort,” she says, “and about 29 sites that have been BHWELL-approved so far.” Sites include primary care sites, Federally Qualified Health Centers, Critical Access Hospitals, large urban hospitals and outpatient clinics, three Veterans Administration hospitals or clinics, a rural hospice, and outpatient mental health centers that work closely with primary care providers.

Integrated Care Models in Illinois
The level of integration in the field placements occur along a continuum based on patient need. Liechty says, so integrated care doesn’t look the same in every setting.

“There are several effective models of integrated care being implemented in Illinois,” she explains. “In those settings that are fairly advanced in their integrated care implementation, the intern may be involved in conducting brief standardized screenings for mental health concerns, brief counseling and skills groups, doing brief consults with the primary care providers, team consultations, and meeting with patients for 20- to 30-minute sessions as part of their team-based treatment plan.”

New Employment Opportunities Opening Up
Regardless of the level of integration, Liechty is pleased to see integrated care taking place.

“We’ve been encouraged and surprised to find so many sites are already working on integration,” Liechty says. “This is rapidly becoming a new standard of care, and it will open up many new employment opportunities for clinical social workers who are prepared to function as integrated behavioral health consultants in primary care settings. The timing of this training program could not be better aligned with population health goals, workforce needs and healthcare trends.”

Liechty says she has “a fantastic BHWELL team in place,” including Lindsay Haitz, Kenna Dunlap Johnson, and Anna Keck from the School.

“We work closely with Mary Maurer (assistant dean for field education) and the field education office on field placements, and we work with the MSW program on recruitment and curriculum development,” Liechty notes.

“Our partners at the NCRHP and AHEC in Rockford help link us to healthcare systems and providers, consult on workforce training issues, and advise on rural needs and issues of concern. Together we are building a statewide network of clinical experts in integrated care.”
That’s how her five-year project with PCORI (Patient-Centered Outcomes Research Institute) is designed. Tabb, an assistant professor, is spearheading the Identifying Depression through Early Awareness (IDEA) Women’s Health Coalition, which consists of patients, providers, and researchers who are using comparative effectiveness research to determine how to best meet women’s mental health needs immediately before and after birth.

The research is needed, she says, because about one in five women in the US experience perinatal depression, yet the nation’s health providers are not certain how to best meet the needs of these women.

“We spend more money on health care than any other country in the world,” says Tabb, “but our health is one of the poorest as an industrialized nation. We have all these treatments, but do they work?”

**The Need for Depression Screening**

Illinois, she says, is one of four states that mandate that all women get screened at least once each during pregnancy and postpartum. “It’s pretty progressive,” she says. But without such a formal system in place, communication between patient and provider regarding depression often falls through the cracks, she adds.

“All of the major depression screens that are used in clinics now have questions about depressive symptoms, which include changes in mood, such as your thoughts about rage, irritability, your desire to hurt yourself or others,” says Tabb. “They’re capturing suicidal thoughts and depression. They’re easy to administer, they take a few minutes, and they’re validated tools. And they can help providers make a diagnosis, have a conversation around mental health.”

**The Coalition Board’s Function**

The coalition leadership team consists of Tabb, David Huang of the College of Education, and Brandon Meline, director of maternal and child health for Champaign-Urbana Public Health District, along with a case manager from Public Health. The health district is partnering with the university in the study.

The coalition’s advisory board consists of 12 patients, two providers, and one researcher.

“The board is instrumental in designing the comparative effectiveness research study and is approaching it from different angles than I ever would,” says Tabb. She adds that working with a board from varying backgrounds, interests, and experiences is exhausting and challenging, but is proving to be fruitful.

“We’re learning how to work with patients as researchers,” she says. “We had a capacity-building workshop, brought in speakers from all over the Americas, taught them about the breadth of perinatal depression research, and stimulated ideas for what studies could look like.”

The board will be involved in conducting interviews for the study and in disseminating the findings.

“They’re contributing to the research design in meaningful ways,” she says. “They have had experiences themselves, and they see a gap in the system, and they want to make things better so that in the future, women don’t encounter the problems they had, and that they receive the care they need.”

One of the initial charges of the coalition is to come up with topics and sets of questions for the comparative study. One of the topics focuses on an integrative approach to addressing the whole person during her pregnancy.

“We have an intervention where patients are matched with other patients who are around the same point in their pregnancy, and they have group doctor visits,” Tabb explains. “They talk about their stage of pregnancy, symptoms they are experiencing, any symptoms they are worried about, and they share information with patients. A health provider is present and corrects any information and shares other information that is relevant. We can compare that to the usual standard care.” Later, the research will delve into optimal times for screening for depression, as well as racial and ethnic differences.

**Aiming For Better Care And Better Guidelines**

Tabb hopes the research leads to better care for patients and practical clinical guidelines for providers.

“This will give women much-needed care during pregnancy,” she says. “We’re improving the perinatal experience and ultimately improving perinatal outcomes.”

Tabb admits that the coalition and the idea of working with patients as researchers is challenging.

“It’s pulling me out of my comfort zone,” she says. “I’m doing research in new ways. We know our research has an impact—at least on a tiny group. It’s more challenging but it’s also more rewarding.”
Students with high social-emotional learning needs have lower high school graduation rates and more behavioral problems, according to studies conducted by Kevin Tan.

Tan, an assistant professor, received a three-year grant from the Spencer Foundation to examine the developmental patterns of social-emotional learning (SEL) needs among high school students. He is following a cohort of 9th-graders through their high school years, helping schools analyze the different patterns of SEL needs among students.

“The focus is to help the schools develop interventions based on their social-emotional learning needs,” he says. Those needs include learning how to understand and manage emotions, how to set and achieve positive goals, how to feel and show empathy for others, how to establish and maintain positive relationships, and how to make responsible decisions.

SEL needs, Tan says, differ from person to person and even gender to gender.

“We may find one student with communication problems only,” he says, “as compared to another who comes in with a whole constellation of problems—communication, assertion, cooperation issues.”

Somewhat surprisingly, he adds, he is finding that girls entering high school have higher SEL needs than boys, resulting in struggles academically, socially, and behaviorally.

Tan and his team of three graduate students found the high school students in their study fall into five categories. About 44 percent had no significant SEL needs, while about 25 percent had issues with assertion, school and peer engagement, and internalization. About 17 percent needed help with social skills, while about 6 percent had self-control and other behavioral problems. About 7 percent were identified as having significant needs across all the domains.

Girls, Tan says, account for about 66 percent of students with high needs across all the domains.

Students with high social-emotional needs, Tan says, have a negative worldview on engagement, exacerbating their problems.

“These students think it’s not important for them to be engaged in school,” he says. “So this becomes a source of intervention for the school, for the school to enhance their feeling that academics is important and it’s important for me to be engaged in the classroom, engaged with my peers, engaged in extracurricular activities.”

School social workers, Tan says, play an important role in screening students for SEL needs.

“It’s important for early identification and early intervention of students’ social-emotional learning needs, because once they get in high school, it’s a huge adjustment,” he says.

Students with high social-emotional learning needs have lower high school graduation rates and more behavioral problems, according to studies conducted by Kevin Tan.
USING VIRTUAL REALITY TO IMPROVE PSYCHOLOGICAL WELL-BEING

Rosalba Hernandez is working on an intervention to improve the psychological well-being of hemodialysis patients, and her hope is that the intervention—which employs virtual reality—can eventually be used for the general public.

“Psychological distress is very prevalent in this population,” says Hernandez, an assistant professor. “About one-third, if not more, of hemodialysis patients experience elevated levels of depressive symptoms.”

Hernandez is using an intervention that she has previously successfully used with people suffering from cardiovascular disease. The intervention is comprised of eight skills that can work to boost psychological well-being: focusing on personal strengths; noting positive life events; capitalizing on positive events; cultivating gratitude; engaging in acts of kindness; being mindful of your thoughts, feelings, and sensations in the present moment; reappraising events positively; and setting attainable goals.

The intervention will be tested this fall with one module that focuses on one of the eight skills, mindfulness (and, with it, meditation). Assuming the pilot goes well, the plan is to seek funding—potentially from the National Institutes of Health—to develop all eight skills into virtual reality modules that can be used not only in dialysis clinics, but beyond.

“It can be used with all patients who have chronic illness,” Hernandez says. “That’s the big picture, to make it available to the general public. And it’s a great resource and tool for social workers who screen people and who need interventions for people who have symptoms of depression.”

Virtual reality involves computer-generated simulations of three-dimensional images or environments that people can interact with in a seemingly real or physical way by using special electronic equipment. Through virtual reality, Hernandez says, “We can transport patients from the boredom and stress of sitting in a dialysis clinic to a garden or beach or anyplace else they’d like to be.”

When patients put on the virtual reality headsets, she says, “It will look like they’re sitting in a nice living room with a fireplace and a window where they can see outside. They will receive instructions both visually and verbally, and by using head and eye movements, they will be transported to a garden setting by a stream, where they will go through some guided meditation.”

Hernandez is working closely with the University of Illinois Center for Innovation in Teaching & Learning (CITL) group headed by Jim Wentworth. CITL has donated more than 300 hours of time in developing the virtual reality prototype that will be used in the fall at a pilot conducted at Renal Research Institute Champaign-Urbana Dialysis. Others involved in the research are Dr. Kenneth Wilund of the University of Illinois Department of Kinesiology and Community Health, and Dr. Judith T. Moskowitz of the Feinberg School of Medicine at Northwestern University.

FACULTY HIGHLIGHT: TERESA OSTLER

Growing an already-Strong MSW Program

As the new MSW program director, Teresa Ostler has two primary goals:

“I want to continue to provide the students the quality education that meets their diverse needs and strengths, and I want to grow both our campus and online master’s programs, including broadening our educational efforts in the Chicago area,” says Ostler, who has been a professor with the School of Social Work since 2003.

The School’s online program, the IMSW, is quite strong, with over 110 students taking part in it during the summer. Another 140 students are in the campus program this fall.

The strengths of the program, Ostler says, are in the people involved and the curriculum.

“We have incredible students with diverse backgrounds and experiences who will be on the forefront of social work in the future,” she says. “Our faculty and staff are just as strong.”

The curriculum, she adds, takes a holistic, integrative approach. “It provides students with both the foundation courses and with the advanced practicum courses that are relevant for diverse experiences in the field,” she says. Those experiences include schools, healthcare, mental health, child welfare and advocacy, and leadership.

“I am excited about working at a program level to understand the experiences of students, faculty, and staff so that we can work together to create an inclusive program that prepares students to meet coming challenges,” Ostler says.

“I want to continue to build our program and grow and continue to offer excellence in learning to all of our students. I want to ensure that our on-campus and IMSW programs are equitable and agile so that we can meet the needs of students with both traditional and nontraditional backgrounds.”
FACULTY HIGHLIGHT: SHANONDORA BILLIOT

ADVOCATING FOR INDIGENOUS POPULATIONS

Shanondora Billiot remembers her first hurricane well. The year was 1985, and she was 10 when Hurricane Juan caused widespread flooding along the Gulf Coast of Louisiana, including her village of Montegut. The torrential rain and storm surge flooded 50,000 homes and caused extensive agriculture losses.

Seeing that damage and the disruption it caused the people along the coast, especially among the United Houma Nation (UHN), a historic Native American tribe of which she is a member, planted the seed for her future.

That seed came to fruition in 2005 when she was working at her command post for the Air National Guard during hurricanes Cindy, Dennis, and Katrina. “When hurricanes or disasters came, I saw the difference between the government response and the social work response,” says Billiot, an assistant professor who for more than a decade has conducted fieldwork in crisis intervention and post-disaster grassroots community development. “The government was fighting over who was going to pay the state troopers their overtime pay, while the social workers were calling their networks and getting buses from churches and organizations to the city to evacuate people.

“That’s how I knew I wanted to go into social work. I also had a very clear image of how the physical environment can impact our social life.”

Exploring Factors That Affect Indigenous People’s Health

That impact has driven Billiot’s career. Her primary research focuses on exploring indigenous-specific factors such as connection to land, historical trauma, and discrimination, and their relationship to environmental change exposure and health outcomes.

“My long-term goal is to reduce indigenous health disparities due to environmental and cultural stressors,” she says. “I want to quantify how these experiences are threatening livelihoods and the health of indigenous and marginalized populations, and how we can start to develop interventions to help protect people and build resilience for these environmental changes that will happen.”

Coastal erosion is a significant environmental stressor, Billiot says. “Louisiana loses about 35 square miles of land per year, and from the 1920s to 2000 lost land mass the size of Delaware,” she says. “And 60 percent of that land loss happens in my tribal region. Erosion is a natural process, but it’s been accelerated by human activities.” She cites the influx of oil fields and the building of dams as two of those activities.

Adding to those stressors is discrimination.

“My father’s generation was not allowed to go to public schools,” she says. “They had separate schools for whites, for blacks, and for Indians. Indians weren’t allowed to open bank accounts, and their children were taken away if they were mixed race children.

“So, they believe a lot of the land loss is happening in their area specifically because other places are allowed to prevent pollution and degradation to land more so than UHN communities.”

Loss and Discrimination Exacerbate Health Problems

As a result of this land loss, Billiot’s research shows, indigenous people are suffering grief and various other mental and physical health maladies.

“Not only is the relationship to the land important,” she notes, “but also it has stalled and disrupted the passing on of culture. People pass on their culture through doing activities or interacting with the environment—harvesting season or growing and cultivating fruits and vegetables. So, this interruption to culture also upsets what it means to be eating healthy food. Newer generations are having higher rates of diabetes and chronic diseases related to poverty and trauma.”

Billiot’s research also shows a statistically significant relationship between people who experience discrimination and people who met criteria for diagnoses of anxiety, depression, and PTSD. “The greater the discrimination, the more likely they were to meet criteria for one of those mental health outcomes,” she says.

Benefits of Her Research

The community-engaged research that Billiot has been conducting in Louisiana is intended to not just extract knowledge from the community, but to directly benefit the community as well.

“I want my interactions to spark interventions within the community itself, to relearn traditional ways of health and how to adapt to the physical situations they are in,” she says. “If they can’t grow healthy vegetables on the land, what are some ways that they can have access to the same medicines through the herbs and the roots or the plants and vegetables? Is it through raised beds, or greenhouses? What are ways we can adapt to the situation we’re living in right now?”

A Growing Area of Study

Billiot is expanding her research in this area, conducting more surveys and interviews, and has just applied to the National Institutes of Health to develop curriculum for youth to reengage them with traditional ecological knowledge.

“The idea that people suffer emotionally because of their environment is not something that has been explored, so I hope that clinicians start to develop treatments for this kind of suffering,” she says, adding that the number of social workers doing environmental or environmental justice-related work has grown dramatically in this decade.

“As an indigenous woman who has experienced repeated disasters and loss of ‘home’ through environmental changes, I am committed to highlighting and addressing the social impacts of global environmental changes, especially among vulnerable populations,” Billiot says.
Leyda Garcia-Greenawalt spent a productive summer in Washington, DC, doing what she does best: advocating for youth.

Garcia, a junior this fall in the BSW program, was one of 12 former foster youth chosen from a few hundred applicants nationwide to be a member of the Congressional Coalition on Adoption Institute’s Foster Youth Internship Program.

Interviewed before her trip to DC, Garcia said she plans to work on a policy report for children who are dually-involved in the foster care and juvenile justice systems, and then to intern for a legislator in Congress.

“You’re having exchanges in Congress and in the White House, so I’m excited,” Garcia said. “As a frequent public speaker, I like to give presentations when it’s something I absolutely care about, and this is one of those topics I can talk about for hours.”

The Chicago native was in eight different foster care placements in her first three years in care before being adopted as an adult at 19, a rarity for youth in care.

Indeed, though just entering her junior year, Garcia is part of the National Foster Youth Institute Inaugural Leadership Corps, is the youth representative for the OMNI Youth Services board of directors, is policy chair for the state chapter of Foster Care Alumni of America, and served as the BSW representative to the NASW-IL board of directors through July 2018.

She pointed out three of many reasons she has a passion for advocating: Only 50 percent of foster youth graduate from high school and only 3 percent will graduate from a four-year university. “Foster youth also experience PTSD at much higher rates than war veterans,” she said. “A lot of times we think that childhood trauma doesn’t stick with you, but it does.”

“After having gone through all that, I developed a passion for foster youth,” she said. “It took me a long time to find my voice to then help other youth. I’m the oldest of six kids, so it started when I was advocating for my siblings. After significant health complications, I started advocating for myself, and it spiraled off from there. I’ve been to conferences in LA, Chicago, and in DC several times; I go to Springfield and DC annually and speak with legislators to try to get things moving in favor of foster youth.”

In the US, there are 57 million people with disabilities—only 17% of whom are employed.

Drew McNamara is bent on doing his part to increase that percentage.

McNamara comes from a family of entrepreneurs. But he didn’t expect to become one himself—until he enrolled in Professor Carol Mauck’s class on social entrepreneurship.

From that experience, Creative Souls was birthed.

Creative Souls unites McNamara’s passion—working with people with disabilities—with his familial aptitude for entrepreneurship.

In Creative Souls, people with disabilities create unique designs that go on canvas shoes. Initially, seven people with disabilities, contacted through the Developmental Services Center, hand-painted designs.

But McNamara’s vision is much bigger than that process allowed for. He started some funding ventures in hopes of raising $50,000 to get the company going, including $20,000 for a printer.

“Anyone in the US can send me a sketch and I can scan it and have it printed directly on a pair of shoes,” he says. A Kickstarter project fell short of the funding goal, but got the attention of a few venture capitalists. One investor is meeting with his board soon, and if his proposal passes, Creative Souls will be the first project he funds.

“It’s exciting,” McNamara says. “That would get me enough money to purchase the printer.”

McNamara has also started a campaign on youcaring.com.

“My goal with Creative Souls is to not only help artists with disabilities, but to have people with disabilities helping in all areas of the company,” he says. “I want people with disabilities in charge of printing the designs on the shoes and helping with packaging and shipping. I want to make this more than a few artists, or even thousands of artists. The School, McNamara says, “has created a platform to learn so much more and do so much more than I expected.”

McNamara received his MSW this May, and hopes to get his LCSW and eventually open his own practice, focusing on people with disabilities and their families.

“I’d love to make Creative Souls my full-time job eventually,” he says. “That would be my dream.”
PHD ALUMNI HIGHLIGHT: JORDAN DAVIS, PHD ’17

ALUM AWARDED FOR DISSERTATION ON MINDFULNESS-BASED RELAPSE PREVENTION

The Society for Social Work and Research (SSWR) named Jordan Davis its 2018 recipient of the SSWR Doctoral Dissertation Award for his dissertation on mindfulness-based relapse prevention.

“It was a surprise. I was honored,” says Davis, who received his PhD from the School of Social Work in 2017, is now an assistant professor of the Suzanne Dwoark-Peck School of Social Work at the University of Southern California.

Davis’s research, funded by NIDA and Fahs-Beck, spanned about two years and involved about 80 participants at Prairie Center (now Rosecrance), a substance abuse center in Champaign. Participants ranged in age from 18 to 29, averaged about $5,000 a year in income, and average age of substance abuse onset was 11. Most were criminal justice referrals.

“We were dealing with a pretty severe population, marginalized youth, one of the hardest populations to treat,” he says.

Mindfulness, Davis says, “teaches individuals ways to regulate their emotions, control impulses, ways to deal with cravings, negative thoughts, rumination, and negative emotionalty. And they do that through the vehicle of meditation.”

Davis found that those who received mindfulness-based relapse prevention (MBRP) were 64 percent less likely to relapse with drug or alcohol use, 54 percent less likely to binge drink, and 56 percent less likely to relapse into illicit drug use (particularly heroin and methamphetamine).

Davis’s study was the first ever to research the impact of MBRP as a standalone treatment on young adults.

This fall, Davis will begin a pilot study, testing MBRP in Los Angeles with first-time offending youth.

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“We’re going to see if we can break the delinquency and substance use cycles before they get stuck in the system,” he says. “We want see if this kind of intervention helps with long-term neurocognitive changes as well as in reduc- ing their recidivism and substance use.”

In conferring the award on Davis, the SSWR recognized the significance of the problem Davis addressed in his research, the rigor of his analysis, and his contribution to knowledge in social work and social welfare.

ALUMNI HIGHLIGHT: ABE LEE, BSW ’94

PROVIDING SOLUTIONS FOR PEOPLE IN NEED

Abe Lee has always had a heart for helping people.

That’s why he switched his undergraduate studies from math, and possibly an engineering degree, to social work.

That’s why he left a sizable bonus on the table in 2013 and resigned from a large multinational corporation when that company, which had bought out Cúram, the software company he worked for, pulled resources from the software solutions developments his job revolved around.

And that’s why Lee now works for Diona, a company that creates technology solutions to health and human service agencies around the world.

Lee, who graduated in 1994 from Illinois with a BSW (and the following year from Washington University with an MSW), is director of product management at Diona. The company identifies the products, mobile apps, and solutions that will help caseworkers provide services more effectively.

Since graduating, Lee has worked as a foster care work- er, a licensing supervisor, a therapist, and a licensed clinical social worker. In 2001, he moved to the tech- nology side of health and human services and to help Cúram design and implement technology solutions for social workers and their clients.

“When Cúram assigned me the role of developing back then one of the first mobile apps,” Lee recalls with a laugh, “my boss asked me if I had an iPhone. The sec- ond version had just come out. I said I’d never even seen one. In a way, I was quite the Luddite. My love for tech- nology grew with the job.”

It has grown well, because Lee has helped develop numerous solutions for caseworkers.

“My primary role with Diona is to identify those prod- ucts and mobile apps and solutions that people not only really need, but that they’re also willing to buy,” Lee says. “So, part of it is market analysis and looking at trends. My job is to figure out what’s coming down the pike. Once I figure out where the focus will be from a state or city or county or federal level in regard to budget, I need to figure out what are the mobile sce- narios that social workers engage in, that customers and clients engage in. And then I identify the apps that will support them.”

Lee has helped to identify numerous solutions since he began working for Diona. Those solutions include an array of tools for caseworkers that improve case management, planning, client interaction, notes, and the investigation process. The company also provides solutions for clients, offering a self-service app that improves service delivery and reduces costs, and an uploads app that helps clients to easily provide the array of documents that government agencies need, saving significant time and paper and reducing errors. And they offer an app that helps agencies quick- ly identify suitable options when a child needs a place to stay—be it with foster parents, in kinship placements, in group homes, or in halfway homes.

“I’m trying to find the opportunities to use the innova- tions and advances in technology in the human services and the helping domain,” Lee says. “There’s so much potential when it comes to technology to help, to do good things. I like being part of that process.”
There is not an established treatment for adults with autism, says Eack, a professor of social work and of psychiatry at the University of Pittsburgh. “We’re trying to establish the first one.”

Eack, who earned his MSW from Illinois in 2003, is in the second of two studies developing and evaluating two types of treatments for adults with Autism Spectrum Disorder (ASD): Cognitive Enhancement Therapy (CET) and Enriched Supportive Therapy (EST).

Two Approaches to Helping Adults with Autism

CET is designed to improve cognition through computer exercises and games, and also has a small group facet designed to improve social understanding. EST involves one-on-one counseling that focuses on autism education and emotion management.

When studying these two different approaches to helping adults with autism, “Adults who received CET showed significant improvements in cognition, particularly processing speed and mental quickness” Eack says. “In addition, with CET, people had unique gains in competitive employment. We think the improvements in processing speed and attention realized during the study are likely to be direct contributors to those increased employment outcomes.”

Although CET was clearly beneficial, EST also showed its own benefits for adults living on the spectrum, Eack says.

“Both therapies dramatically improved social thinking skills, which is another primary outcome of interest to us,” he says. Improvement in CET was quicker, though: Participants showed the same level of improvement in half the time with CET.

“We have an ambitious agenda because of a very real need,” he explains. “After a child with autism turns 18, or in some cases 21, there are no evidence-based services available to help that individual who is now an adult. We want to have at least one, and maybe with EST, two, established evidence-based treatments that Medicaid will pay for that will be readily implemented through community clinics.”

To that end, Eack believes that master’s level clinicians and social workers will be among primary providers of these therapies, once they are disseminated to the public.

“This will be the latest and probably first evidence-based practice for adults with autism that will get some real traction,” he says. “Social workers at some point will want to be trained in it.”

A Unique and Ambitious Program

“While Eack is encouraged by what he and his team are finding in the studies, he sees them as just the beginning. “We need a lot more groups working on these types of trials so that all the needs of adults with ASD will be covered,” he says. “Researchers have seen autism as a childhood condition, and that’s where most of the resources have gone. It’s a problem that we have created. It’s up to us to pivot on our agenda and focus on both children and adults.”

Eack is helping to balance that agenda. "I want children with autism and their parents to know that by the time they grow up, we will know how to help them, we will have established treatments so they can get a job, make friends, and do all the things that build a good quality of life for anyone.”
When the Center for Prevention Research & Development hired Doug Smith to replace the retiring Peter Mulhall this past winter, they broke the mold. Smith, an associate professor whose research focuses on treating and preventing substance use disorders, is the Center’s first director to be a tenure-track professor.

“It reflects the School’s commitment to integrate the Center more with the School of Social Work,” Smith says. “Part of my charge is to increase faculty involvement, to rethink what’s the role of a center within a bigger social work department.”

The Center for Prevention Research & Development (CPRD), which transitioned two years ago from the Institute of Government & Public Affairs to the School, offers the School a tremendous research infrastructure and expertise in grant writing, subject matter, data management, and statistical analysis, Smith says.

“I’ll be seeking input from both CPRD staff and from tenure-track faculty about what an optimal collaboration looks like,” he says. “One of the ideas I’m toying with is having a faculty affiliate program and really fleshing out how CPRD can support the tenure-track faculty and vice versa.”

Smith lists a few goals he has for the Center: increased grants and peer-reviewed publications, integrating faculty and academic professionals who are doing work that is closely related to the Center’s projects, and increasing collaboration with partners within the School—though he notes that faculty collaboration has always been strong.

CPRD, which celebrates its 30th anniversary in 2019, has a diverse set of research grants aimed at improving prevention capacity and prevention and educational practices, and informing policymaking. Grant areas range from substance abuse prevention, school research, Head Start research, youth and empowerment, and criminal justice systems, Smith says.

“The juvenile justice research has actually been cited in Supreme Court decisions,” he adds. “The impact of the Center has been amazing.”

While research and development are at the heart of CPRD’s mission, the strength of the Center—how that mission is accomplished—is through its strong network of academic professionals in multiple disciplines and its collaborative partnerships throughout the state.

“We are highly connected to a lot of people in state government,” Smith says. “We have amazing networks of schools we’ve worked with in our projects in terms of the Illinois Youth Survey, which serves hundreds of thousands of middle and high schoolers. We also have a tremendous network of folks in education research and criminal justice and substance use prevention. And we have a solid network of people that we do evaluation and quality assurance work with.”

These connections and networks help CPRD to bring prestige to the University of Illinois, Smith says.

“We have this tremendous network for the School and the university,” he says. “Our funders love using the Illinois name and they love that we’re nested within the university.”

In his new role as CPRD director, Smith has made some transitions. “I’m teaching two classes per year instead of four and have gone from working in a group of about eight to working with a team of 30 to 35,” he says. “And I’m doing a bit more mentoring on grant writing and project management.”

But the transition has been smooth, in part because of the quality of the people at CPRD. “It’s a great place to work,” Smith says. “The people here take care of each other. I had a sense of that going in, but it’s even better than I thought. I’m honored and privileged to be their leader.”

Maintaining Stability in a Complex Organization

Peter Mulhall retired last December as director of CPRD, a position he held for 21 years (he served at CPRD 27 years in all). “Peter did a tremendous job in sustaining an operation like this on state funds for so long with between 25 to 30 employees,” says current director Doug Smith. “The way he preserved the stability of CPRD was absolutely amazing.”

In recent years, Mulhall worked on a variety of translational research and implementation grants to improve the quality and effectiveness of home visiting, Head Start, SNAP, and behavioral health programs. He has served on numerous national committees and panels during his time at CPRD.

Smith notes that Mulhall played a critical role in bringing the Illinois Youth Survey to CPRD a few years ago. “The previous evaluator for that very large grant is a really well-known research center in Illinois,” Smith says. “It was a real feat to get the Illinois Youth Survey here.

“Seeing how complex CPRD is, that Peter had been with it for 20-plus years, and that a lot of employees have been here for a very long time, I’d say he ran things very well here.”
As a practitioner and teacher of ikebana, the Japanese art of flower arrangement, Susan Haney loves to see flowers arranged in a way that best allows them to express their beauty, uniqueness, and life.

The same can be said for her desire to help School of Social Work undergraduates.

And that is why, back in 2009, Susan and her husband, Michael Haney, began endowing the Susan & Michael Haney Social Work Scholarship. The award has been granted annually to a deserving junior or senior since 2011.

“We hope to help them graduate with less debt,” Susan says. “We want to truly make a difference.”

The Haneys are alumni of Illinois, Susan with a BS in Accountancy and Michael with an MS and a PhD in Electrical and Computer Engineering. They have a history of significant giving back to the university, dating back to the construction of Japan House and their time in The Illinois Club, a social and philanthropic club affiliated with the university. They also support the Krannert Center for the Performing Arts and are members of the Colwell Society.

In addition to their social work scholarship, the Haney’s endowed a STEM Education scholarship. Their goal is to eventually offer a full scholarship each year for both a social work and a STEM education student.

“We’re grateful to be able to help in this way,” Susan says. “Because we don’t have any kids of our own, we feel like these scholarship winners are kind of like our kids.”

The Haneys see their gift as a way of supporting society at large, because social workers, Susan says, are “everywhere.” But what really gratifies them is seeing the impact their gift makes on the individual students.

One woman was working three jobs and getting straight A’s,” Susan says. “It makes me tired just thinking about it! Now she doesn’t have to work three jobs. It makes us feel good to be able to give them some breathing space.”

The Haneys enjoy meeting their scholarship recipients at an award ceremony each year.

“These students do not fall far from the tree,” Susan says. “Their parents are just as amazing and special as they are. It feels so fabulous to be able to support a family unit in this way.”

Nancy Pérez-Flores, who is beginning her MSW work this fall, had applied for numerous scholarships, from high school on up. But she kept coming up empty-handed.

“I was frustrated with myself, wondering what I was doing wrong,” says the first generation Mexican-American from Chicago.

Still, she kept applying. She applied for the Susan and Michael Haney Social Work Scholarship, then put it out of her mind.

Until she received an email in March 2017 telling her she had won the scholarship.

“I was so excited!” she says. “I told my family and they were happy and grateful. At first, I couldn’t believe it!”

She was disappointed to not be able to accept her award at the annual School of Social Work Awards ceremony, but when she presented at an undergraduate symposium in late April 2017, the Haneys showed up and asked her out for lunch afterward.

“I thought that was so sweet!” she says. “I was nervous at first, but they are so nice. By the time we got to lunch, it was like I already knew them.”

Pérez-Flores used her award toward her tuition. Once she earns her MSW, she will work on a PhD (she was accepted this summer into a predoctoral program for upcoming doctoral students). Her ultimate goal is to teach and conduct research.

“My biggest focus will be on the factors that influence health care and mental health utilization and access for the Latinx community,” she says. “In the Latinx community, there is such a stigma around receiving any type of care. That’s what drew me in to social work in the first place. I want to help destigmatize mental health access in my community.”

With a boost from the Haneys, she is on her way to accomplishing her goal.

“The opportunity they gave me is amazing,” she says. “I’m so thankful for the award. It was a complete blessing.”

Leave a Legacy

Dr. and Mrs. Haney have committed to the continued success of their scholarship recipients through annual donations and have made a long term commitment to this fund through establishing an estate gift through the University of Illinois Foundation.

Estate gifts are one of the simplest, most flexible, and popular methods of supporting the University of Illinois. For more information on estate gifts, please contact the U of I Foundation at GPinfo@uif.uillinois.edu or (217) 244.0473.
Since 2016, when DCFS began collaborating with the Child Protection Training Academy (CPTA) at the University of Illinois at Springfield (UIS), those investigators are better prepared in their roles, thanks to a highly valuable and effective weeklong simulation training program, says Ted Cross.

Cross, a senior research specialist at The Children & Family Research Center (CFRC), heads a group of researchers that is evaluating the CPTA’s simulation program. Since January 2016, DCFS has sent all of its new investigators—around 500 to date with the number continually rising—to Springfield to be trained.

“It’s a really finely-honed program with a team of disparate professionals coming together to develop and deliver these trainings,” Cross says. He likens DCFS trainer Susan Evans to a Broadway theater director as she oversees the simulations that involve people from the Southern Illinois University School of Medicine’s Standardized Patient Program and real judges and lawyers. Simulations take place on UIS’s campus in a mock house and mock courtroom, and DCFS trainees receive real-time feedback from Susan Evans, the standardized patients, and the judges and lawyers in ways they would never receive in a courtroom.

And that’s the whole point: Immerse them in the experiences they will find themselves in once they begin investigating cases. Prior to these simulations, DCFS investigators received classroom training only.

“Research suggests that in many training programs, only 10 to 15 percent of training content carries over into work,” Cross says. “With experiential training, you are engaging trainees emotionally and intellectually, putting them in situations where they have to problem-solve and interact with others. They’re actually practicing the skills and having a fuller experience that’s related to the work they’re going to do. It gives them a realistic sense of what they’re getting into.”

CFRC has conducted a survey of DCFS investigators who received the simulation training and those who did not. Even those who received the training in 2016—long after the gloss of a training wears off—rate the training highly, Cross says.

“They pointed to the debriefings with the trainer, the standardized patients playing the role of the family, and the courtroom professionals as being very valuable,” he says. “The trainees said the training has helped them in engaging with families, investigating allegations, collecting information from other professionals, and creating the right forms of documentation that can stand up in court—thus making it easier to testify in court.”

In addition, Cross notes, those who did not go through the simulation training had four times greater odds of reporting that they were looking for another position within DCFS than those who did go through the training. Those without the training also had greater odds of saying “yes” to leaving DCFS altogether as soon as they can find a better job.

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Kim Rice | Clinical Assistant Professor

Kimberly Rice graduated with her BSW in 1996 from Buffalo State College in Buffalo, NY. Her first social work position was at the Health Education and Human Services department at the University of Buffalo, where she provided sexual health education, outreach and short term counseling to university students. While working at UB, Kim pursued her MSW degree part-time and upon graduating in 2001, she accepted a position at the University of Illinois, Urbana-Champaign as the Sexual Health Educator for McKinley Health Center. Kim served in this role for 16 years before joining the School of Social Work.

Will Schneider | Assistant Professor

Will Schneider earned his BA in Political Science from the University of Michigan, his Master’s and PhD in Social Work from Columbia University, and his post-doctoral training at the Institute for Policy Research at Northwestern University. Dr. Schneider’s research examines the influence of macroeconomic factors, family complexity and fatherhood, and interventions in the promotion of child wellbeing and the prevention of child maltreatment.

Ryan Wade | Assistant Professor

Ryan Wade earned his BA in Psychology from the University of North Carolina at Chapel Hill; his MSW from the University of Michigan School of Social Work, and his PhD from the University of Michigan School of Public Health. Ryan investigates the phenomenon of Racialized Sexual Discrimination (RSD) on gay hook-up apps/websites, and examines the association between RSD and psychological wellbeing among gay/bisexual men of color. Ryan’s work includes a broad focus on structural and community-level racism, the racial patterning of sexual/social networks within LGBTQ communities, and health disparities among gay/bisexual men.

NEW FACULTY

Flavia Andrade | Associate Professor

Flavia Andrade earned a BA in Economics and MA in Demography from the Federal University of Minas Gerais in Brazil, an MS (Population Health) and a PhD (Sociology) from the University of Wisconsin-Madison, and her postdoctoral training at the University of Chicago. Dr. Andrade’s research examines the health, wellbeing and quality of life of older adults in Latin America and the Caribbean and Latinos in the US.

Debra Clapper | Clinical Assistant Professor

Debbie Clapper graduated from the University of Illinois at Urbana-Champaign with a Masters of Social Work - school social work concentration. She received her Bachelor of Science Degree from the University of Illinois at Springfield. She is a Licensed Clinical Social Worker (LCSW) and holds a Type 73 Certificate/Professional Educator’s License. Debbie has over 25+ years of experience working in Illinois schools as a school social worker. She has worked with all grade levels and has experience working with diverse populations.

Hyunil Kim | Assistant Professor

Hyunil Kim earned a BS in Social Welfare from Seoul National University in Seoul, Korea, and an MSW and PhD in Social Work from Brown School of Social Work at Washington University in St. Louis. Hyunil’s work focuses on developing the best possible evidence to help improve the safety and welfare of children and directly enhance our ability to address child abuse and neglect.

Rachel Garthe | Assistant Professor

Rachel C. Garthe earned a BA in Psychology from North Central College and a MS and PhD in Developmental Psychology from Virginia Commonwealth University. She completed two years of post-doctoral training at the Chicago Center for Youth Violence Prevention at the University of Chicago School of Social Service Administration.

Dr. Garthe’s research examines the etiology and prevention of youth violence in peer and romantic relationships within high-burden urban communities. Dr. Garthe has been supported by two of the Centers for Disease Control and Prevention’s Centers for Excellence in Youth Violence Prevention, partnering with schools and community organizations to research the implementation and evaluation of violence prevention and positive youth development programs.

NEW STAFF

Jackie Farber | CPRD Research Program Specialist
Laura Graven | Undergraduate Affairs Coordinator
Lindsay Honeycutt | Visiting Program Manager for BHWELL
Angus Lanker | CPRD Research Data Specialist
Sharva Hampton-Campbell | Student Affairs Coordinator
Wendy Harris | Assistant Dean for Administration
Judy Howard | Project Lead - IM+CANS
Martha Mills | Office Support Associate
Nicole Peck | Assistant Director of Human Resources
Devon Turner | Account Technician I
Derek Williams | CPRD Software Developer