

RISK AND PREVENTION: AN INTERDISCIPLINARY MASTER'S PROGRAM IN CHILD AND ADOLESCENT DEVELOPMENT

Michael J. Nakkula, Catherine Ayoub, Gil G. Noam, Robert L. Selman
*Graduate School of Education
Harvard University*

ABSTRACT: This two-part article describes the conceptual framework, curricula and training approaches of the Harvard Graduate School of Education's Risk and Prevention program. Risk and Prevention is an interdisciplinary master's program drawing primarily from the fields of education, psychology, public health and social policy. The program is part of Harvard's Department of Human Development and Psychology through which doctoral students can opt for a Risk and Prevention focus. The purpose of this article is to articulate the timeliness of an interdisciplinary program that prepares child and youth care workers within a climate of dramatically shifting disciplinary boundaries. It is argued that practitioners working within this climate will benefit by grounding their practice in contemporary theories of child, youth and community development, particularly theories that provide broad and flexible explanations of the interactive nature of risk and resilience processes. In addition it is argued that interpretations of risk and resilience, whether implicit or explicit, inform practice across the child and youth care professions, including teaching. Increasing our wariness of these interpretations is necessary to providing thoughtful and effective service.

INTRODUCTION

If child and youth care workers are to productively serve children, youth and families in the future, it is important that they be prepared in professional training programs that are conceptually articulated from an interdisciplinary knowledge and skill base, and whose curricula are carefully derived from it. This two-part article describes the conceptual base for the Harvard Graduate School of Education (HGSE) *Risk and Prevention* Program, and its specific curriculum model for preparing professionals to meet the pressing needs of children and youth today.

Risk and Prevention is a one-year master's program and doctoral focus within HGSE's department of Human Development and Psychology (HDP). Created initially out of the psychology interests of HDP, Risk and Prevention is rooted in the theory, research and practice of this discipline. These roots provide the footing for a broad interdisciplinary focus. The program's core faculty are developmental, counseling and clinical psychologists by training, and the program's core curriculum represents this leaning, with a

number of faculty having joint appointments at HGSE and as psychologists within Harvard Medical School's Department of Psychiatry.

The Risk and Prevention program is fairly new. Founded four years ago by Robert Selman and his colleagues at HGSE, it draws from a range of interdisciplinary contributions. Building primarily from the fields of psychology, education, cultural anthropology, public health and social policy, the program is fostering an interdisciplinary identity for a new generation of child and youth development professionals. The attempt to foster such an identity raises two major questions which will be responded to in this article:

- What is the conceptual base underlying the program?
- How is the conceptual base translated into curriculum, teaching and training approaches?

By organizing the paper in response to these questions, we hope to clarify our vision of the program for the reader, the field of child and youth care, our past, present and future students, and ourselves.

PART I: THE CONCEPTUAL BASE

Background

As traditional categories for understanding human development and for approaching human service delivery are being scrutinized in a fairly unprecedented manner (Sampson, 1993; VanderVen, 1992), the time is ideal for change and innovation in the child and youth care professions. No longer do we think of human services as special supports pertaining to only the neediest of our children; most children today face substantial risks to their health and well-being. These risks require the support of our families, schools, communities and society at large.

Whereas the violence that threatens today's children is old news, as is the decline in the quality of their education and the trials that weaken and destroy many of their families (Garbarino, Durbow, Kostlelly, & Carole, 1992; Hamburg, 1992), the consequences of these problems are always new to each child. The pain from these consequences is always fresh, as if it were being experienced for the first time, and experienced uniquely by oneself. And, indeed, that is the case. Each child's pain is her own. Connected with that pain, however, is a crisis we all share: the widening gap between human need and our ability as human service professionals, and as a society, to respond accordingly.

But just as the need for support services has burgeoned, the resources for providing care are shrinking. Traditional intervention methods such as long-term therapy or psychiatric hospitalizations are under great pressure, leaving existing institutions such as schools in charge of dealing with many youngsters who are in need of support and intervention. But most schools, at best, are equipped to address "ordinary" adjustment problems like peer

conflicts and classroom misbehavior. More serious psychosocial concerns such as major depression or trauma-based responses to family or neighborhood violence typically extend beyond the schools' resources. And schools, like hospitals and residential treatment centers, are facing their own cut-backs.

"Down-sizing," or the reduction of services to decrease costs and maintain or increase profit margins, has struck the human service fields as it has private industry. Perhaps more than ever before, the provision of care has become linked with economics. "Managed Care" is at the center of a new economically rooted language that connects counselors, social workers, physicians and other providers of care with an insurance industry that estimates risks (both human and economic) and administers benefits (economic payment for human services). But what is the human cost of having care managed by an industry understandably invested in reducing economic costs and increasing profit margins? Can the care our youth need be effectively industrialized, parceled out in efficient bits of finely managed education, mentoring, counseling and motivating? Such questions, although troubling, are challenging the youth development and human service fields to devise new models of service delivery. For these models to be feasible within the current climate, they must be low in cost relative to the benefits they provide.

The Risk and Prevention program is one response, not only to the changing face of child and youth care, but also to an evolving view of human development. As the century nears its turn and brings with it the internationalizing of monies, culture, conflict and peacemaking, it also is ushering in an understanding of human development that cuts across disciplinary boundaries. The discipline of public health, for example, has heightened our awareness of such risks to development as smoking and excessive drinking, precocious sexual behavior and careless eating habits. Educational researchers are making us ever more aware of the costs of underachievement in a technological era requiring a highly skilled and flexible work force, while psychologists, sociologists and philosophers warn us that technology itself comes with risks to individual development and interpersonal relationships.

The clinical-developmental approach

Risk and Prevention's overarching paradigm is a clinical-developmental schema representing the dialectical relationship between normative growth and development on one hand, and atypical or developmentally challenged growth on the other. By "developmentally challenged," we mean growth trajectories marked by extraordinarily trying life-support conditions. Such conditions can include societal stressors like racism, sexism, poverty and community violence, family stressors like extreme parental discord or child abuse, and individual stressors such as temperamental difficulties, unhealthy attachment patterns and the internalization

of self-destructive coping mechanisms. The clinical-developmental approach is organized largely around the themes of "risk and resilience," "prevention and early intervention," "noncategorical versus problem-specific approaches to prevention," and "meaning-making as the core of psychosocial development."

Risk and resiliency: Interactional processes versus static traits or factors.

Rather than viewing some children and adolescents as "at risk" and others as healthy or "resilient," we examine the interaction among risk, opportunity, support and the individual's unique responses. All people face some degree of risk to their health and well-being. All people possess varying repertoires of resilient and unhealthy responses to risk. In the Risk and Prevention program, we focus on the interaction of risk and resilience processes as they develop across a range of experiences over time.

Risk, from this interactional perspective, cannot be reduced to isolated indicators or factors such as poverty, impulsivity or even child abuse. Risk is, rather, the outcome of interactions among situations, events and ongoing experiences with the supports available for survival and growth. Additionally, we do not view risk or resilience as residing within the individual alone. Children born with certain neurological impairments, for example, are likely to be at risk for later learning difficulties. The degree to which that risk is realized or developed, however, is associated with the environmental support available in school and at home. Some neurological impairments, such as dyslexia, when recognized and addressed early, can lead to compensation strategies that allow for productive and highly creative learning and overall functioning.

Resilience, from this perspective, also tends to be an interactional process rather than an inborn strength or linear response to particular environmental supports. Examples to substantiate the interactional perspective include intelligence and economic resources. Markers of high intelligence in early childhood, such as IQ scores and successful school functioning, are not inoculations against later school difficulties or psychosocial problems; the interaction of intelligence with other life experiences results in varying manifestations of risk and resilience. We can all think of extremely smart children who develop extremely complicated problems.

A similar case can be made for economic resources. Being born into poverty certainly places unique stressors on the individual, just as access to economic resources can foster healthy development through provisions such as safe housing and quality education. But the extent to which such stressors and supports contribute to resilient versus high-risk behavior is again dependent on their interaction with other life circumstances, including the general functioning of one's family.

Prevention and early intervention: Focal points along a continuum of care.

We view prevention and intervention as points along a continuum of care. At one end of the continuum is education and psychosocial preparation for healthy and productive living; one notch over is "primary prevention" for potential problems or health-threatening conditions for which one is deemed to be at risk; toward the middle is early intervention into problems of recent but not yet serious concern; the other half of the continuum represents progressively more intensive interventions for fully developing problems or high-risk behavior. Research, teaching and training in the Risk and Prevention program focuses most directly on the range of issues and activities spanning from the education and psychosocial end of the continuum through early intervention. Although the program, particularly through some of the practicum experiences, addresses serious educational deficits, extremely high-risk behavior, and, to a lesser extent, major mental health problems, the emphasis is on prevention, early intervention and the promotion of health and well-being.

Primary prevention, in our work, generally takes the form of academic and psychosocial education with a focus on specific risks. Children taught about the health hazards associated with smoking, for example, might be discouraged from picking up their first cigarette. "Secondary prevention" focuses on the onset of behaviors or symptoms commonly associated with later problems, and is generally approached through education, counseling, family consultation or community responses. Children falling behind in school might receive tutoring or counseling as prevention against illiteracy, dropout and other problems connected with educational failure. "Tertiary prevention" is similar to early intervention. These approaches are used for problems that have clearly developed and pose the risk of affecting additional areas of one's life or the lives of others. Helping high school dropouts earn general equivalency diplomas (GEDs), for example, cannot reverse the experience of school failure and dropout, but it can prevent the further deterioration of employability and, in some cases, self-worth.

Early intervention has a dual meaning in our work: one can intervene early in the life of the child or early in the life of a problem or high-risk syndrome. In the childhood emphasis of Risk and Prevention, we have designed interventions for toddlers and young children showing early signs of behavioral disturbance, such as overly aggressive behavior, social isolation and early delays in learning. Early intervention, in these cases, refers both to the life-cycle and the cycle of the problems. In the adolescent emphasis of the program, early intervention might refer to strategies for addressing problematic behavioral shifts recently noted by teachers or parents. A sudden decline in academic performance among middle-schoolers, or depression in response to loss of a family member, might initiate interventions designed to "nip the problem in the bud" before it becomes more severe and affects other areas of performance.

A noncategorical approach to prevention.

Many students come to the Risk and Prevention program with an interest in preventing one type of problem, such as child abuse, addiction, AIDS, depression and suicide, teenage pregnancy or academic failure and school dropout. Others come with an interest in preventing societally based problems faced by particular groups. Examples of the latter include various forms of sexism faced by girls and women, heterosexism faced by gay and lesbian youth, racism faced by racial and ethnic minority groups and classism faced by the poor and working class. Although we are indeed interested in specific responses to specific problems, our fundamental approach to prevention is "noncategorical"; that is, our starting point for prevention and early intervention is on the themes and processes common across problems and groups.

Why begin with a noncategorical approach? On a pragmatic level, we could not possibly garner the resources to articulate programs and special approaches for each and every high-risk behavior as manifested in each and every targeted population. On a theoretical level, particular high-risk behaviors such as school dropout, violent behavior, suicidality and substance abuse are often interrelated and symptomatic of a larger "problem-behavior" syndrome (Jessor and Jessor, 1977). To address them all separately would be inefficient and, more importantly, ineffective. As such, we focus on the basics of prevention, while simultaneously addressing how those basics play out or vary across different problems within specific populations.

From our perspective, the themes and process common to all manifestations of risk and resiliency across populations, and the basics of preventive interventions, can be described, in one form or another, as developmental.

Development as prevention.

Development is obviously a broad concept, and one which, if left unspecified, is not very helpful for our work. Forms and expressions of human development emphasized in our approach to understanding risk and prevention include the need for consistent support and caring at all points across the life span, and the possibility of engaging in productive and meaningful activities, such as stimulating educational experiences and safe outlets for play. When these developmental needs and possibilities are lacking, the likelihood of involvement in high-risk behavior increases. Other developmental themes and processes emphasized in our work include: the need for clear structures in which to develop discipline, competence and a sense of self-worth (aspects of self development); the ability and desire to understand, appreciate and interact with others, and to satisfy their wishes as well as one's own (psychosocial and interpersonal development); and the capacity for and experience of making a contribution to one's group or larger society and feeling appreciated for that contribution (development of the communal self).

Each example of developmental processes listed above can be termed “psychosocial development.” That is, they all focus on development of the psychological self in relationship or social context. Although we are aware of the role non- or less-socially interactive processes (even biology is, to a degree, an outcome of a socially interactive process) — such as biological, genetic, physical or temperamental — play in the development of the self, we are a program designed to train students to work with children and youth in their families, schools and communities. Given that these families, schools and communities are complex, interrelated systems, affected by unique values, strengths, crises and ongoing challenges, all of which come together to bear upon the well-being of the child, our priority is on the construction of prevention efforts that incorporate an awareness of these social and sociocultural issues.

We recognize that many poor children might come to school with hearing problems or learning difficulties that have gone unaddressed. And although we appreciate the need for specialized developmental intervention for these risks to school and life success, we are not a program that focuses on such specialized training. We are general and integrative in our approach to prevention rather than specialized. We are general in our emphasis on psychosocial development across problems and populations, and integrative in our attempts to connect specific problems with social support systems available to adequately address them. So although we do not train our students as special education providers, for example, we do train them in the skills of understanding special needs services and interacting with those systems. In this sense we attempt to construct preventive interventions relevant to the greatest common denominator of children’s needs. That common denominator is, we believe, the “personal meaning” they make of their particular situations and everyday life experiences.

Meaning-making as the core of psychosocial development.

Because we emphasize psychosocial development across a diversity of contexts, the personal meaning of different experiences and the meaning-making process is critical to our work. Failed prevention efforts have taught us that the acquisition of knowledge about high-risk behavior is not necessarily effective in deterring children and youth from engaging in such behavior (Levitt & Selman, 1996). Drinking alcohol, for example, means different things to different youth. Preventing alcohol abuse, therefore, requires an understanding of the meaning of alcohol consumption for particular individuals and groups. And the role of alcohol consumption in psychosocial development requires an understanding of each individual’s meaning-making process, as it has been influenced by family, peer and cultural experiences of alcohol use and abuse.

Violence is a concern at the forefront of much professional as well as media attention today. We all agree that violence needs to be reduced for the sake of our children. But our children and youth are extraordinarily

varied in the meaning they make of violence, particularly fighting. And for good reason. The music they listen to, the movies they watch and much of the news they witness are marked by the glamorization of violence. Why would they not want to participate in such a pervasive, seemingly sanctioned, glamorous activity? While parents, churches and teachers are encouraging children not to fight, our music, movies and even international negotiation strategies are enticing them in just the opposite direction. Prevention approaches must grapple with the meaning children and youth make of these contradictions. "Just Say No!" strategies fail here because they neglect the complexity of and reinforcement for the competing messages.

In addition to the different ways in which children and adolescents make meaning of high-risk behavior, we must also be aware of the different ways they interpret their social structures and cultural contexts. Single parent families, for example, tend to be interpreted by larger society and many professionals as problematic, or limited in some way. And many of the children with whom we work view their single parent families in just this way. They mourn a missing father and resent the burden their mothers must carry. Many other children, however, feel that their single parent family works well, that their mother, father, grandparent or other sole guardian is a caring and loving provider. These children do not miss their absent parent, usually because he or she is either just an abstraction rather than a real loss, or because the absented parent was more a family stressor than a care-taker or support. As prevention specialists we must be alert to the biases we have of family structure and attempt to understand the meaning children make of their families before we intervene.

Faculty contributions to the role of meaning-making in psychosocial development.

Many *Human Development and Psychology* faculty, past and present, have made contributions to the concept of meaning-making which have influenced the developmental emphasis of the Risk and Prevention program. Lawrence Kohlberg's (1984) seminal work on moral development has spawned generations of debate on the manner in which children and youth come to make sense of "the good" or ethical. Central to the debate was Kohlberg's attempt to articulate and empirically confirm a sequence of processes or stages in moral development which he believed was consistent, although varying in form, across people and cultures.

Carol Gilligan (1982), initially in response to Kohlberg, found important distinctions in the ways males and females understood and experienced what was deemed "good" or morally right. Most influential in Gilligan's work has been the emphasis girls and women place on development in relationship — the good or most advanced expressions of morality, for girls and women, are rooted in caring, real-life relationships as opposed to abstract notions of fairness. This explicitly relational view of develop-

ment has obvious implications for the meaning children make of life experiences culminating in risk and resiliency.

Annie Rogers (1993) has built upon the work of Gilligan and others to conceptualize the role of courage in girls' and women's development. Rogers has studied courage exemplified by children, particularly girls, in their efforts to resist oppressive forces that often stymie or impede development. These forces can include family violence, sexist socialization practices and the structure and process of schooling. A critical outcome of Rogers' work is her finding that courageous resistance can manifest itself in behavior patterns that *appear* pathological.

In the most extreme cases, according to Rogers, children and adolescents who become hospitalized for serious self-destructive or psychotic-like behavior may be expressing a desperate need for intervention into an abusive situation they can no longer tolerate. Courageous resistance, in this scenario, might take the form of mental illness, whereas the function of the behavior can result in life-saving change. From a prevention perspective, one would want to think carefully about the meaning communicated by children's resistant behavior. Acting against the system, such as family or school, or withdrawing from it, might be indicative of the need for systemic change rather than individual intervention for an "at risk" child.

Robert Selman's (1980, 1990) theory and research on social development has grown progressively more focused around the meaning children and adolescents make of interpersonal life. Selman and his colleagues examine the manner in which social growth is a process of developing increasingly more complex notions of and strategies for interpersonal functioning, with these notions and strategies guided by the personal meaning of social interaction within specific contexts. The increasing ability of the child to perceive and consider not only her own needs and interests, but those of others as well, is referred to by Selman and Lynn Schultz (1990) as social perspective-taking development. Such development is not simply the unfolding of social cognitive complexity, but is the product of interacting social contexts and supports which come to influence the child's evolving view of the meaning and purpose of interpersonal life.

Through their work on "pair therapy," Selman (Selman & Schultz, 1990) and his colleagues (Selman, Schultz, Nakkula, Barr, Watts, & Richmond, 1992) have shown how advanced levels of social perspective-taking capacity, when accompanied by similarly developed interpersonal skills or strategies, is critical to the development of healthy friendships. Pair therapy brings two children or adolescents together with the guidance of a trained adult to help the youth develop friendship-making skills. Through the use of activities that promote interaction and interpersonal reflection, pair therapy helps its participants develop the interpersonal meaning-making skills necessary to building resiliency against social isolation and loneliness.

Through the analysis of long-term pair therapy relationships and observations of classroom interaction patterns, Michael Nakkula (Nakkula

& Selman, 1991; Karcher & Nakkula, in press) has adapted a hermeneutic approach to the study and promotion of meaning-making. Hermeneutics, in his work, is defined as the *interpretation of connectedness to the world over time*. From this perspective, meaning-making and human being itself, are most fundamentally ongoing interpretive processes: we *are* our interpretations of our connections to the world over time. In an in-depth case analysis, Nakkula and Selman (1991) exemplified the evolving interpretations children make of their connection with each other in the socially constructed world of pair therapy. These interpretations, they argue, contribute to the children's definitions of who and how they are in relationship.

Because growth in the hermeneutic model can be enhanced by participating in the interpretive revisions children make of their connections to the world, Nakkula argues that prevention is a misnomer in some cases, and can actually serve to misguide our work. By placing an emphasis on stopping negative things from happening rather than promoting or encouraging success and positive behavior, we implicitly direct children's attention and self-interpretations to what is potentially wrong with them. While this might seem like a simple linguistic shift, Nakkula suggests that teachers and service providers are overly socialized into the search for and control of problems, therefore shielded from the limitless possibilities for fostering healthy development. Through his program, *Project IF: Inventing the Future*, Nakkula and his colleagues encourage a paradigm shift from prevention to *invention*, with invention representing an emphasis on creativity and competency development.

Gil Noam has constructed a life-span approach to our understanding of meaning-making that integrates contributions from clinical, cognitive developmental and narrative psychology (1988, 1996). He examines how psychological risks and perceptions of self and others are shaped by the particular biographical meanings and developmental pathways through which maturation is fostered and organized. While Noam agrees with other cognitive developmentalists that important aspects of growth evolve in the course of life, such as the developing child's movement from simple, undifferentiated perceptions of reality to complex, differentiated and more highly integrated perceptions, he underscores how development is most fundamentally the interaction of common growth experiences with the unique life-themes that give each person his or her individual identity. Noam's research shows a) that people continuously organize experiences and risk at multiple developmental levels of complexity; and b) that increasingly complex ways of understanding the world can be associated with more complex forms of symptoms and problems (Noam, 1996).

From the perspective of life-span development, Noam's work suggests that although the basic cognitive structure (schemata) of the individual is formed by late childhood or early adolescence, new and interesting life-themes (themata) continually emerge. The interaction of schemata and themata, or structure and theme, yield progressively different pictures of

development from birth to death. Using this framework, Noam shows how the management of both internal and external challenges and crises play a significant role in the meaning-making process as it affects the development of risk and resiliency.

Kurt Fischer and Catherine Ayoub (1994) have studied the role of trauma in the developmental process, with implications for its effects on meaning-making in close relationships. They have found that seriously traumatized children use psychological defenses like dissociation and the splitting of emotions to cope with experiences that are too profoundly traumatizing to otherwise manage. While the use of such defenses can help children survive potentially life-threatening situations, it can also render them less available to supportive and life-enhancing experiences. When dissociation becomes a generalized coping mechanism, for example, the individual becomes less capable of meaningfully connecting with and negotiating interpersonal closeness and conflict. As such, what was initially a coping mechanism becomes a risk for social isolation and stunted interpersonal growth.

Fischer and Ayoub place their comparative studies of maltreated and "normal" children within the larger theoretical context of skill theory, which Fischer (1980) has constructed and used to explain a wide range of developmental phenomena. Skill theory describes the growing complexity of any human function, whether it be thought, feeling or behavior, as a sequential process of connecting and integrating aspects of initially disparate life experiences. Through the repetitive process of living and experiencing, one creates contexts for building progressively more complex skills for adaptation and growth. The symptomatology seen in traumatized children, according to Fischer and Ayoub, are often complexly developed survival mechanisms, which, from the perspective of skill theory, are manifestations of advanced development along a particular pathway as opposed to what the clinical-developmental literature refers to as developmental delay.

Finally, Robert Kegan (1982, 1994) has studied the development of meaning-making from infancy through adulthood via his neo-Piagetian approach to subject-object psychology. Kegan argues that the essence of self-interpretation, or subjectivity, is rooted in the manner in which we connect with and distinguish ourselves from the people, objects (such as money) and objectives (such as work pursuits) of importance in our lives. An integral challenge of youth development, from Kegan's perspective, is the task of connecting intimately with others without losing one's self in the process. Just as friendlessness is a serious risk to healthy development, so too is the over-absorption of self in relationships. A good deal of teenage suffering, and even suicide, can be traced to the inability to define and appreciate oneself apart from intense, overly enmeshed relationships. According to Kegan, *having* a relationship is distinct from *being* the relationship; when there is no worthy sense of self separate from a particular

relationship, one is at risk for a host of self-destructive behavior. Similar arguments can be made for one's relationships to money, success and valued activities; when particular external phenomena overly define us, our sense of personal integrity is compromised.

Summary of the conceptual base.

This summary of the clinical-developmental rubric, under which the Risk and Prevention program has been organized, is certainly less than complete. The summary is intended as an overview of the conceptual framework from which the program's course content and structure are generally derived, and from which training approaches are constructed. Part Two of this article shows how the conceptual base with its core themes is translated into the program's curriculum, pedagogy, training opportunities and student concerns.

PART II: APPLICATION OF THE CONCEPTUAL BASE

Organizing concepts such as risk, resilience, prevention and meaning-making are presented to the Risk and Prevention students through a variety of avenues, both formal and informal. The concepts are presented most directly through the program's core courses, related elective course work and the practicum experiences. In addition, many students participate in independent research projects with selected faculty and attend presentations and training workshops at the School of Education and throughout the university.

RISK AND PREVENTION COURSE WORK

The sequencing of courses moves from an emphasis on ecologically-based risk and resilience issues with children, adolescents and their families in the first semester, to a choice of courses that deal with initiating, building, maintaining and funding prevention and early intervention approaches, programs and systems in the second semester. In addition, issues of diversity are a central part of the curriculum for many classes. A series of half-course modules are offered throughout the year, allowing students to pick and choose content areas of particular interest from assessment to specialized strategies for prevention and early intervention.

THE CORE COURSES

Risk and resilience.

All students are required to take a basic course on risk and resilience taught by Gil Noam. The course focuses on the various ways children and adolescents interact with risk processes inherent in both everyday life and under extreme conditions. Noam's course, which draws students not only

from Risk and Prevention, but from other HGSE and university-wide programs as well, addresses alternative ways in which individuals making meaning of high-risk situations and how different interpretations and responses to similar situations leads to divergent outcomes. The course also traces how resilience develops throughout life, by focusing on Noam's model of "biography and transformation." The focus is on meaning making and the significance of relationships as sources of support, conflict, care and trauma, and, therefore, as central to processes of both risk and resilience. And, perhaps most importantly, students in the course are introduced to the scientific study of the transformation of risk into strengths and competencies that promote healthy development.

Prevention and early intervention: Practices and programming.

Basic course work on preventive intervention practices designed to promote interpersonal resilience in children and adolescents is taught by Robert Selman and his colleagues, Sharon Shay and Lynn Schultz. Approaches and strategies taught through this course work address not only the youth, but also their families and communities. Risks addressed include, but are not limited to, inadequate health care, illiteracy, violence, poverty, child abuse and intrapsychic stressors such as depression and attention deficit disorder. The courses present theoretically driven practices which use sociodevelopmental, cultural, ecological and literacy-based approaches to examine ongoing projects that focus on children's academic, interpersonal and communicative competence. Selected projects are located in schools, day and residential treatment centers, neighborhood centers, and other settings where children and adolescents congregate and are significant stake-holders.

Child and adolescent practicum courses.

Practicum courses which place trainees in a range of day-care, school and other community-based prevention and early intervention sites are taught by Catherine Ayoub and Michael Nakkula. The practica are designed to help students integrate theory and research learned in the Harvard classroom with practical skills developed in real-world settings under professional supervision. Ayoub's course focuses on childhood, with sites primarily in day-care settings, preschool programs including Head Start, urban elementary schools, specialty hospitals and the legal system. Nakkula's course focuses on adolescence, with sites primarily in middle schools, high schools and community health centers. Students can take one of the two practica, depending on the strength of their interests in childhood versus adolescence. Although a practicum experience is not required, the vast majority of Risk and Prevention students choose to participate. The conceptual bases and specifics of selected practicum sites are summarized below.

Elective courses

Along with the core courses, students select from a broad range of electives, including courses and modules (half-semester courses) in counseling and psychotherapy, violence prevention, cognitive and social development, the development of girls and women, psychological and educational assessment, achievement motivation, and research methods ranging from experimental design and quantitative data analysis to ethnography and other qualitative approaches. In addition to taking courses from within HGSE, students commonly select risk and prevention-oriented courses from the Kennedy School of Government, the School of Public Health, and the Divinity School. Relevant Kennedy School of Government courses include those on leadership development, running one's own nonprofit agency, and policy courses on prevention programming. Relevant Public Health courses include those on violence prevention, program evaluation and public health promotion. Finally, the Divinity School has offered useful courses in cross-cultural counseling and the role of spirituality in human development.

The half-course modules play a specific role within the curriculum. They are designed to provide students with hands-on, concrete approaches to working with youth, families and communities around specific issues within various contexts. For students with practicum placements, the modules provide additional tools for their work. Steven Brion-Meisels and Ulrich Johnson, for example, teach a two-module sequence of developmentally based strategies for violence prevention and peace-making in public school settings. This sequence allows students to combine the developmental theory taught by the instructors with theory from other course work for the purpose of constructing realistic, context-specific approaches to violence prevention. Brion-Meisels supervises a practicum placement that allows a small group of students to apply these approaches.

THE TEACHING AND TRAINING APPROACH

Intensive reading, writing, discussion and debate

By integrating the core courses with electives that fit their particular interests, Risk and Prevention students carve out the niche which comes to define their experience at HGSE. Some select mostly counseling courses, others mostly education or public health courses, still others select from the range of disciplines. All, however, interact with each other through the core courses. It is largely through this interaction with a cohort of like-minded peers, each taking a somewhat different approach to this work, that their identities as interdisciplinary Risk and Prevention Specialists begin to emerge.

In addition to using an interactive approach to learning, the program is highly rigorous with respect to reading and writing requirements. The basic risk, resilience and prevention programming courses require inten-

sive writing assignments that guide students through an exposition of their emerging theoretical positions on child and youth development, and through their criticisms of, and recommendations for, the current picture of prevention programming. These writing assignments are preceded and facilitated by extensive reading, discussion and debate. The debate can be highly intense and is often grounded in personal as well as professional experience. In fact, it is this very intensity of expression over highly charged personal, political and professional points-of-view that becomes, for many students, the life-blood of the program. "Risk" and "prevention" are not neutral terms; we do not attempt to study them abstractly as theoretical phenomena existing "out there" in the world, apart from our own experiences.

In small group sections for the core courses, students are encouraged to use their personal experiences and political or ideological stances to critique and perhaps revise academic definitions of risk and prevention. For example, poverty or "low-income status" is frequently cited as a powerful risk factor contributing to a host of problems including educational failure, substance abuse and limited life opportunities (Wilson, 1987). But, as many Risk and Prevention students, some of whom themselves have come from low-income backgrounds, will argue, growing up in an economically-deprived family and neighborhood can also build resilience or the strength required to cope with life's challenges. The role of economic poverty in a child's life, then, is not an independent force operating in isolation; rather, it is shaped by its interaction with other risk and protective factors such as family values, emotional support, educational access, perhaps religious practice, and certainly racial status.

Risk and Prevention students not only study the interaction of these factors; they also live and debate them. A number of the master's students come from backgrounds similar to those of the elementary and high school students with whom they interact through their practicum placements, and, therefore, identify with the experience of their students or clients. They bring to class discussion the risks they have faced living in this society as a woman, a person of color, an abuse survivor, an immigrant, a person with a gay or lesbian sexual orientation. The students bring their experiences to interaction with their peers and to the academic material they are reading. Life and learning interact in the program; what has been lived shapes the interpretation of academic study, which in turn sheds light on the lived experience. The synthesis of this process is taken to the field through practicum placements and ultimately through the various professions.

Broad preparation versus professional specialization

What professions do the graduates enter? Some students come from and return to teaching. Some come with an eye toward guidance, school or child mental health counseling and use the program as a step toward certification in these areas. Many of the younger students, those a year or

two out of their undergraduate educations, view the program as preparation for doctoral study in developmental, counseling, clinical or school psychology. More experienced students, many of whom have worked as leaders in educational settings, social service agencies or residential treatment centers use the program as a think tank, a time and place to reflect on and plan for next steps in their careers, often steps toward program development or policy implementation.

In short, the program prepares students as prevention or child and youth care specialists as opposed to professionals defined by one particular discipline. As such, students intending to become teachers have an opportunity to learn counseling skills that can be adapted to the classroom, while those intending to counsel children gain an appreciation for teaching style or pedagogy. All of the students, whatever their professional leaning, become immersed in the politics of prevention, which becomes an important aspect of the Risk and Prevention professional identity.

The politics of prevention

Immersion into the politics of prevention occurs through a variety of contexts: Harvard classrooms (with brand of politics dependent on the courses selected), practicum sites, and perhaps most importantly, through exposure to the range of experience and opinion shared among the student body. The politics of prevention includes the role in child and youth development played by race, ethnicity, social class, gender and sexual preference. It also includes the differential treatment of children and youth associated with communication styles, learning approaches and temperament or personality. These factors are not presented in a neatly packaged curriculum, and some courses do not address what many students consider essential material. But the identity of the program is heavily influenced by this political overlay, and the identities of the program graduates are, arguably, as effected by the politics of prevention as by the specifics of academic content.

LINKING THEORY AND RESEARCH TO PRACTICE: THE CHILD AND ADOLESCENT PRACTICA

Historical background

When Robert Selman began shaping the Risk and Prevention program six years ago, he experimented with a new practicum format. This format emerged from his conviction that a healthy master's program focusing on the prevention of child and adolescent high-risk behavior would need to be grounded in the application of developmental principles. In Selman's original practicum model, students were provided with a clinical-developmental theory base, which was supported by research on the relationship between psychosocial development and high-risk behavior; e.g., the rela-

tionship between fighting and the development of interpersonal perspective-taking. This theory and research base was used to help students conceptualize prevention and early intervention strategies for implementation at their respective sites.

Selman's effort to link theory, research and practice, in a focused and rigorous manner, through the practicum experience became the cornerstone of the evolving Risk and Prevention program. Over the past four years, Michael Nakkula and Catherine Ayoub have developed the original model further, expanding the connection of theory, research and practice in new directions with different populations of youth facing a host of developmental challenges.

THE CHILDHOOD PRACTICUM

Conceptual foundation.

The conceptual foundation of the childhood practicum taught by Catherine Ayoub is twofold: the ecological-developmental approach to understanding risk and resilience, and the preventive nature of the selected intervention strategies. An integration of individual, relational (dyads, families, communities), and larger societal contributions to development comprises the ecological perspective. Specific to this view of risk and resilience are influences from the macrosystem (cultural values and beliefs), the exosystem (social structures that influence the child's immediate environment, including day care, school, neighborhood and friends), the microsystem (parents, siblings, extended family and their histories of functioning), and the child's individual or ontogenetic development.

The importance of this multi-systemic developmental orientation is, in part, the emphasis on movement through time, movement through an ongoing series of transactions, each contributing to a progression or particular trajectory that marks the unique unfolding of each human being. Such change in the child is based on a set of regulative principles that can guide research and practice, and serve as the foundation for building preventive interventions. These regulative principles suggest that: (a) development is a series of interlocking cognitive, emotional, behavioral and social competencies, (b) earlier basic competencies become integrated into later modes of complex functioning, (c) earlier adaptation tends to promote later adaptation and integration of more complex competencies, (d) adaptation and development in general are not continuous, linear or necessarily predictable processes; they are, rather, transactional, which means that there are a multitude of influences on the individual that lessen or heighten the impact of any given event.

With the above orientation as a framework, the childhood practicum focuses on children (ages birth to ten) and families from the most economically disadvantaged areas of the community. The practicum is based on a system of collaboration and mentorship which provides students with a

view of practice, research, and program building. By year's end, students leave not only with a set of skills, but also with the ability, or developing capacity, to create and evaluate comprehensive prevention systems.

The childhood practicum sites.

As noted previously, childhood practicum sites are located in special needs and neighborhood day care settings, infant and parent treatment centers, hospitals, elementary schools, juvenile and family courts, and community action programs that strengthen and extend services offered by other agencies. Students learn from training site coordinators in these settings who serve as mentors, and from agency professionals who serve as field supervisors. Each site contains a service component and a research or evaluation component. All students participate in both service and research in order to gain a broad understanding of the structure and functioning of their particular site.

The childhood practicum sites can be divided into three groups. The first is a group of programs that serve the youngest children - infants, toddlers, and preschool children in neighborhood and therapeutic settings. An example of a site from this group is the placement with the Gilday Center. Gilday is a family preservation and therapeutic day care program for maltreated infants, toddlers and their parents. 12 to 15 children attend the center five days per week. Gilday staff offer an intensive parent component that includes group work, individual counseling and social casework activities. All families in the program are actively followed by a child protection worker from the Department of Social Services. Interns placed at Gilday spend time working with teachers in the classroom, provide one-to-one support for selected children, serve as therapists for toddlers in pair play therapy, and help develop and implement psycho-educational curricula for parents. Students also participate in research and evaluation projects on understanding variations in the developmental pathways of maltreated children.

The second group is a collection of urban elementary school sites, under the umbrella of the Early Childhood Prevention Project (ECP) which is funded by the US Department of Education and directed by Caroline Watts of the Judge Baker Children's Center in Boston. The ECP is designed to offer a range of approaches that have in common the promotion of students' educational and psychosocial development. Rather than using a traditional individual counseling model that takes children out of the classroom, the ECP integrates counseling goals within the larger educational philosophy of the school. As a result, much of the work takes place in the classroom or in group settings, where children explore interpersonal and individual concerns with their peers, teachers and counselors.

The ECP has four central activities which build from the ground up in the following order to form its "pyramid of prevention services": (1) whole-classroom interventions using the Voices of Love and Freedom curriculum,

a children's literacy-based violence prevention curriculum that promotes individual, community and societal care and ethical responsibility; (2) small academic and social development groups for selected children needing extra support; (3) pair counseling for particularly withdrawn and aggressive children who have difficulties making and maintaining friendships; and (4) individual tutoring, mentoring and counseling for children in the greatest need of one-to-one attention. The tiers of the pyramid are designed to build upon one another with movement from general psychosocial and educational activities for the large classroom group to specialized attention for selected individuals.

The third group of childhood practicum placements are specialty sites. Two are focused on legal and mental health issues with children, one is located in a hospital-based development program and a third is part of a multi-faceted community prevention system which includes a family nurturing program. One of these sites, the Children and the Law Program, is affiliated with the Department of Psychiatry at Massachusetts General Hospital in Boston. This site is a prevention and early intervention program focusing on the developmental and clinical needs of children involved in child protection, custody and other legal situations. Of particular emphasis is the supervised visitation program for divorced parents and an educational training series on child management for couples involved in conflictual separation or divorce.

Risk and prevention trainees placed with the Children and the Law site participate as junior partners in complicated forensic evaluations, and as research assistants in a study of conflictual divorce and its impact on the development of children. This includes involvement in child-focused assessments of developmental functioning, observation of parent-child interactions and the organization of court record reviews. Students also have opportunities to participate as supervisors for court-ordered visitation and in the development of a children's program at a domestic violence shelter.

THE ADOLESCENT PRACTICUM

The conceptual foundation.

Identity development and all that goes with it — emotional involvement in relationships, work and play; cognitive and behavioral skills; appearance; how one is received and perceived by others — is perhaps the hallmark of adolescence. The Risk and Prevention Adolescent Practicum Course, taught by Michael Nakkula, approaches identity development through two organizing concepts: interpretation and communication.

Drawing primarily from hermeneutics, which is generally defined as the art and science of interpretation, the course focuses on adolescents' *interpretations* of their *connections* (or connectedness) to the *world over time*. Self-interpretation is obviously central to identity development, as are

interpretations of others' views of the self — the perceived views of one's parents, friends, teachers, society. These critical interpretations occur through connections, meaningful connections with people, leisure activities, learning and work, for example. And, as is the case with many adolescents, through misconnections (misunderstanding and alienation), disconnections (traumatic losses of close relationships) and potentially destructive connections (harmful relationships, substance abuse, street violence).

According to hermeneutic theory, connections to the world are forged primarily through language. Children originally learn to speak to communicate with care-givers. As they grow older and become involved in progressively more complex social networks, their language expands into a broad range of what might be called context-specific dialects. There are home, school, church, neighborhood and regional dialects, for example, each of which share a common core, but all of which require specialized communication skills, both for understanding and speaking.

Through the adolescent practicum course, we examine the various languages into which youth are socialized. How fluent, for example, are our students in the language of school? How can we make this language interesting so that it becomes a tool of connection rather than one of alienation? Through counseling, teaching and peer leadership training, into what languages or dialects are we socializing children and adolescents? When we talk about children "at risk," are we socializing ourselves into a language of pathology or deficit-model thinking?

The adolescent practicum sites.

Each year 35 to 45 students are placed in prevention sites through the adolescent practicum. Although each site has a different focus, the common goal is helping youth expand their interpretations of the world through meaningful connections with people and activities. Using an integration of the communication skills associated with teaching and counseling, the practicum students take on any number of youth development roles. The following descriptions provide brief summaries of three selected sites, including their varying functions.

The *Urban Youth Connection* (UYC) is a substance abuse prevention program, which approaches prevention through an individual and group counseling model that addresses social precursors to substance abuse, such as difficulties with, or alienation from, family, friends and school. Federally funded by the Center for Substance Abuse Prevention (CSAP), the UYC is a collaboration among a major Boston hospital (Brigham and Women's) and its satellite clinic (Brookside Community Health Center), two Boston Public Schools (a middle school and a high school) and the Risk and Prevention Program.

A licensed psychologist and social worker from the health center train and supervise Risk and Prevention students who are placed in the two

schools each year. In addition, two advanced trainees, either doctoral candidates from Harvard's Human Development and Psychology Program or recent Risk and Prevention graduates, serve as site coordinators, assisting with the day-to-day operation of the UYC and functioning as mentors or peer supervisors for the incoming trainees. This *tripartite model*, wherein Risk and Prevention collaborates with a hospital or health care agency and the public schools, has become an R&P training prototype because of the advantages it offers with respect to support and expertise.

The UYC model has been partially replicated through other collaboratives, including Project IF: Inventing the Future, which adapted the UYC model through Massachusetts General Hospital and its satellite, the Bunker Hill Health Center. Supported with seed funding from the DuPont Foundation, Project IF places a number of trainees in a middle school and a high school, both neighboring the health center, where training and supervision are provided. Boston Public School Student Support Team Coordinators from the two schools are integral parts of the training model; they acclimate interns to the culture of the school systems, and impart a training and service ethos which serve as standards of operation.

Project IF differs from the UYC primarily in its de-emphasis on the problems students are experiencing, while primarily targeting the development of their interests and potential. There is a shift in Project IF from intervention, and even prevention, to *invention*—a shift from the diagnosis and treatment or prevention of problems to the uncovering and development of strengths and interests upon which to build one's future. Consistent with the program's philosophy, activities include career exploration; academic planning, skill building and critique; working field trips to Harvard; and, importantly, counseling centered on the obstacles that interfere with current functioning and future aspirations.

Another core site of the adolescent practicum is the Pair Therapy Partnership (PTP), which is supported privately by the Ellen Stern Family Fund. Pair therapy, as discussed previously, is treatment in friendship-making for children and youth who have trouble with this fundamental life activity. The PTP has its roots in Robert Selman's early social development research (Selman, 1980; Selman & Schultz, 1990), and as such, has retained its focus on interpersonal perspective-taking skills and negotiation strategies.

Each year PTP trainees are placed at the Manville School of the Judge Baker Children's Center in Boston. Manville is a day-treatment school for children and adolescents who require intensive social, psychological and educational support. Students who work with R&P trainees in pair therapy also receive individual and group therapy from more advanced professionals. The PTP has been important to Risk and Prevention not only for the services it provides at the Manville School, but also as a specialized training model in pair therapy, which is now being implemented beyond Manville by R&P faculty and program graduates. Currently, several school-based

counseling programs and residential treatment centers are using the pair therapy model.

CONCLUSION

Although the Risk and Prevention program is still young and growing, it has reached a number of important developmental milestones. On the programmatic level, the core courses, key electives and modules have become progressively more interrelated, designed to build upon and supplement each other, resulting in a curriculum that is both focused and flexible. Regarding field training, connections between the program and the community grow stronger each year, primarily through practicum sites. There currently are several long-term training, service delivery and evaluation partnerships that bring together the university with public schools, hospitals, health centers and community-based programs.

Finally, the program attracts an outstanding applicant pool each year and has now seen graduates placed in a variety of professional contexts. Applicants range from seniors in college to established professionals who have been in the field for twenty years and more. Younger applicants generally apply to the program with the goal of getting more advanced training before venturing into the work force as teachers, counselors or service providers in a related field. Established professionals tend to use the program as an opportunity to respecialize. Experienced teachers, for example, often use the program to further their understanding of child development and to strengthen their skills for reaching "difficult" students. Other experienced professionals have used the program to change career directions, with some moving from teaching to counseling and others from counseling to program development.

Graduates have taken positions in such institutions as schools, non-profit human service programs, colleges, universities, hospitals and community health centers. In addition, many graduates have continued their education at the doctoral level, primarily in departments of education, human development and psychology. In their various capacities as workers and learners, our graduates continue to educate us on the changing face of education and human service provision in this era of cutbacks, downsizing and realignment. Using this information, along with the findings from our own research, the Risk and Prevention program continues with its goals of contributing to the understanding of risk and resilience processes, prevention and early intervention methods, and the development of functional, theory-driven and community-wide programs.

References

- Fischer, K.W. (1980). A theory of cognitive development: The control and construction of hierarchies of skills. *Psychological Review*, 87, 477-531.

- Fischer, K.W. & Ayoub, C. (1994). Affective splitting and dissociation in normal and maltreated children: Developmental pathways for self in relationships. In D. Cicchetti & S. Toth (Eds.), *Rochester symposium on developmental psychopathology: Disorders and dysfunctions of the self*, (pp. 1-73). New York: University of Rochester Press.
- Garbarino, J., Durbow, N., Kostlelny, K., & Carole, P. (1992). *Children in danger: Coping with the consequences of community violence*. San Francisco: Jossey-Bass Publishers.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Hamburg, D.A. (1992). *Today's children: Creating a future for a generation in crisis*. New York: Random House.
- Jessor, R. & Jessor, S.L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. New York: Academic Press.
- Karcher, M.J. & Nakkula, M.J. (in press). Multicultural pair counseling and the development of expanded world views. In R.L. Selman, C.L. Watts, & L.H. Schultz (Eds.), *Fostering friendship: Pair therapy for treatment and prevention*. Hawthorne, NY: Aldine deGruyter.
- Kegan, R. (1982). *The evolving self*. Cambridge, MA: Harvard University Press.
- Kegan, R. (1994). *In over our heads: The mental demands of modern life*. Cambridge, MA: Harvard University Press.
- Kohlberg, L. (1984). *The psychology of moral development*. San Francisco: Harper & Row.
- Levitt, M.Z. & Selman, R.L. (1996). The personal meaning of risk behavior: A developmental perspective on friendship and fighting in early adolescence. In G.G. Noam & K.W. Fischer (Eds.), *Development and vulnerability in close relationships*, (pp. 201-233). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Nakkula, M.J. & Selman, R.L. (1991). How people "treat" each other: Pair therapy as a context for the development of interpersonal ethics. In W.M. Kurtines and J. Gewirtz (Eds.), *Handbook of moral behavior and development*, (Volume 3: Application), (pp. 179-211). Hillsdale, New Jersey: Lawrence Erlbaum Associates.

- Noam, G. G. (1988). Self-complexity and self-integration: Theory and therapy in clinical-developmental psychology. *Journal of Moral Education, 17*, 230-245.
- Noam, G. G. (1996). Reconceptualizing maturity: The search for deeper meaning. In G.G. Noam & K.W. Fischer (Eds.), *Development and vulnerability in close relationships*, (pp. 135-172). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Rogers, A. (1993). Voice, play and a practice of courage in girls' and women's lives. *Harvard Educational Review, 63* (3), 265-295.
- Sampson, E. (1993). Identity politics: Challenges to psychology's understanding. *American Psychologist, 48*, 1219-1230.
- Selman, R.L. (1980). *The growth of interpersonal understanding*. New York: Academic Press.
- Selman, R.L. & Schultz, L.H. (1990). *Making a friend in youth: Developmental theory and pair therapy*. Chicago: University of Chicago Press.
- Selman, R.L., Schultz, L.H., Nakkula, M., Barr, D., Watts, C., & Richmond, J. (1992). Friendship and Fighting: A developmental approach to the study of risk and prevention of violence. *Development and Psychopathology, 4*, 529-558.
- VanderVen, K. (1985). Activity programming: Its developmental and therapeutic role in group care. In L. Fulcher, & F. Ainsworth (Eds.), *Group care practice with children and youth*. London: Tavistock.
- VanderVen, K. (1992). Developmental care: A proposal for a new profession whose time is coming. *Journal of Child and Youth Care, 7*(4), 3-38.
- Wilson, W.J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago, IL: University of Chicago Press.