3/6/78.

Bill and Peter:

There are questions about the amount of monies being paid by NIMH - what is expense and what is income. This is the breakdown:

Air fare	$116.00
Cabs (allowed)	40.00
Per diem allowance (2 days) @$50.	100.00
Consultant fee for 4 days preparing the presentation	400.00
Total	$656.00

The statement on the form about preparing a written report can be ignored.

Reportable income is $400.00.

SF File J. Bennett

COLLABORATIVE RESEARCH PROGRAM

Washington, D.C., July 20-21, 1978

Summary of Proceedings

1. Research Focus:

Collaborative, clinical demonstration of our intervention with clear-cut common assessment methodology.

2. Research Aim:

a. Provide baseline data.
b. Follow family with interventions
c. Assess interventions in terms of facilitating growth of infant, adolescent and infant-parent relationship.

3. Research Principles:

a. Active outreach.
b. Availability and flexibility of staff to facilitate growth and development, taking into consideration individual differences.
c. Consent for minors--go by ethical standards required.

4. Collaboration and Autonomy--Funding:

a. Basic common collaborative methodology.
b. Unique, autonomous part of collaborative work.
c. Centers own work not related to collaborative project 50-60% for # 1 and 2, 40-50% for # 3.

5. Sample and Exclusion Criteria:

a. Pregnant women 17 years and under.
b. Mother's first living child.
c. Mother must be able to communicate with clinician about everyday life.
d. Infants excluded with serious congenital or irreversible organic damage, or less than 34 weeks gestation.
e. No SES exclusion.
f. No exclusions for father.

6. Point of Entry:

Formally enrolled before delivery and at earliest possible time.

7. Sample Size:

a. N=20 at 24 months into program.
b. Must make up for attrition prior to 24 months, but not after 24 months.

8. Minimum Clinical and Assessment Functions to be Provided:

   a. Clinical and psychological developmental counseling and coordination of services.
   b. Infant assessment
   c. Primary health care (pediatrician or PNP with pediatric consultation--not competing with other pediatric care).

9. Protocols - Standard:

   a. Prenatal:

      1) Face Sheet--recruitment information.
      2) Mother's background.
      3) Mother's physical status
         a) medical history and present pregnancy
         b) physical adaptation during pregnancy
         c) nutritional status
      4) Father's background
      5) History of family illness
      6) SES
      7) Support systems
      8) Life stress

   b. Preinatal:

      1) Apgar
      2) Ponderal Index
      3) Dubowitz--assessment of gestational age
      4) Obstetric Complications Scale
      5) Brazelton Neuro-behavioral Assessment (at 3,10,30 ? days)
      6) Postnatal Complications Scale
      7) Baby's home environment
      8) Pediatric Complications Scale (at 4,9 months)

   c. Yale Scales of Infant Development:

      At 4,9,18 and 30 months

   d. Uzgiris-Hunt Ordinal Scales of Psychological Development:

      At 4,9 and 18 months.

10. Protocols-Clinical (to be developed):

   a. Neonatal pediatric examination.
   b. Pediatric exams at 9, 18 and 30 months.
   c. Maternal medical assessment--6 weeks postpartum medical status.
   d. (Clinical Interview Recording Forms)
   e. (Periodic Assessment Summaries)

11. Work to be Completed by November, 1978:

   Clinical Protocols

12. Projected Timetable for Implementation:

a. November, 1978--completion of Protocols.
b. November-December, 1978--NIMH writes Research Proposal from Protocols--submits Proposal for 2-stage Review (NIMH and Outside Peer Review).
c. February-March, 1979--RFP's sent out for competitive bidding among Centers--30-45 day period. Site visits may be part of process. Contracts to be awarded on basis of sophistication of proposal and history as IMH unit.
d. Late spring-early fall, 1979--Funding resources distributed.

NOTE:

1) Peer review committee will include members sensitive to issues in infancy and have clinical orientation, as well as experimentalists.

2) NIMH will negotiate directly with the University regarding indirect costs.

John W. Bennett

For Travel Folder

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

TO : Peter Blos

DATE: February 21, 1978

FROM : Jeanne Lopez JL

SUBJECT : Room Reservations

Enclosed is a xeroxed copy of your guaranteed room reservation. Please check the arrival date and number of nights staying at the hotel. If there is an error in either date or amount of nights staying over please call me as soon as possible as these are guaranteed rooms and must be paid for on a no-show. If I do not hear from you before next week I will assume the reservations are as stand. The hotel address is :

Sheraton-Silver Spring
8727 Colesville Road
Silver Spring, Md. 20783
Phone - 301-589-5200

For your convenience there is direct limousine service from all the airports to the Sheraton.

Sheraton
HOTELS & INNS. WORLDWIDE

IT IS A PLEASURE TO CONFIRM YOUR RESERVATION

IF YOUR PLANS CHANGE, CALL SHERATON RESERVATIONS OFFICE

PRINTED IN U.S.A.

Dr. P. Blos
HEW-NIMH

REMARKS/TRAVEL AGT.
DM 2-16-78

HOTEL/INN					RES. OFFICE	BY	DATE
SSS							
RATE PER ROOM	ROOMS	NO. PP	CAT	ADDRESS OF HOTEL			
$30.	1	1					
ARRIVAL DATE	NTS	BEDS	GTD	TIME	NAME		
3/1	2		X		1 Blos, Dr. P.		

Mr. Bennett,

Enclosed are 3 copies of the professional services contract which you must sign (all 3 copies) and return to me in the envelope I have enclosed for your convenience.

ret'd 4/6/78.

DJ /PB PB

STANDARD FORM 147, JUNE 1964—FED. PROC. REG. (41 CFR) 1-3.605

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 1

ISSUING OFFICE
DHEW, PHS, DMM RM.3-B-26
5600 FISHERS LANE PKLN BLDG
ROCKVILLE MD 20857

MARK ALL PACKAGES AND PAPERS WITH ORDER AND/OR CONTRACT NUMBERS

DATE OF ORDER	CONTRACT NO. (If any)	ORDER NO.
2/28/78		PLD0339978

ACCOUNTING AND APPROPRIATION DATA
C963834 PLD0339978
000000007581361 MHSC
2591 00008-1190

REQUISITIONING OFFICE
ADAMHA
436-6340

REQUISITION NO./PURCHASE AUTHORITY
0000279164

CONTRACTOR (Name and address, including ZIP code)

TO → JOHN BENNETT, M.S.W.
SOCIAL WORKER
201 E. CATHERINE STREET
ANN ARBOR, MICHIGAN 48104

362-52-3447

SHIP TO (Consignee and address, including ZIP code)

ADAMHA, MHSC
2340 UNIV. BLVD. E. PLD0339978
ADELPHI, MD. 20783

VIA

TYPE OF ORDER

PURCHASE ☒X — REFERENCE YOUR ... PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS ORDER AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY AS INDICATED. THIS PURCHASE IS NEGOTIATED UNDER AUTHORITY OF SECTION 302 (C) (3) OF THE ACT (41 USC (C) (3)) OR AS SPECIFIED IN THE SCHEDULE.

DELIVERY ☐ — EXCEPT FOR THE BILLING INSTRUCTIONS ON THE REVERSE, THIS DELIVERY ORDER IS SUBJECT TO INSTRUCTIONS CONTAINED ON THIS SIDE ONLY OF THIS FORM AND IS ISSUED SUBJECT TO THE TERMS AND CONDITIONS OF THE ABOVE-NUMBERED CONTRACT.

F.O.B. POINT	GOVERNMENT B./L. NO.	DELIVERY TO F.O.B. POINT ON OR BEFORE	DISCOUNT TERMS
OTHER: DEST		4/ 3/78	NET

SCHEDULE

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
001.01	PROFESSIONAL SERVICE: TO MEET WITH THE	1	FE	256.00	256.00	
001.02	MENTAL HEALTH STUDY CENTER ADVISORY					
001.03	BOARD OF THE CIDP AND THE CIDP STAFF OF					
001.04	THE MHSC, MARCH 2 AND 3, 1978, REGARDING					
001.05	THE SCIENTIFIC ASPECTS OF THE ON-GOING					
001.06	PROGRAM AND TO GIVE A REPORT OF HIS					
001.07	FINDINGS BY NO LATER THAN APRIL 3, 1978.					
908.01	PAYMENT IS REQUESTED IN THE AMOUNT OF					
908.02	_____. NO OTHER INVOICE WILL					
908.03	BE SUBMITTED.					
908.04						
908.05	_____ _____					
908.06	SIGNATURE DATE					
919.07	STATEMENT OF COST AND PERSONNEL					
919.08						
919.09	RESPONSIBLE FOR REPORT					
919.10						
919.11	THE CONTRACTOR SHALL SET FORTH ON THE					
919.12	COVER OF EACH REPORT SUBMITTED PURSUANT					
919.13	TO THIS CONTRACT (EXCEPT PROGRESS					

SIZE CLASSIFICATION (Check one) ☐ SMALL BUSINESS ☐ OTHER THAN SMALL BUSINESS 3F

TOTAL FROM CONTINUATION PAGES .00

GRAND TOTAL → 256.00

(See reverse for rejections)

SEE BILLING INSTRUCTIONS ON REVERSE

SHIPPING POINT	GROSS SHIPPING WEIGHT	INVOICE NO.

MAIL INVOICES TO *
HSA, ACCT/FIN
RM. 16-36, PKLN BLDGPLD0339978
5600 FISHERS LANE
ROCKVILLE, MD 20857

UNITED STATES OF AMERICA
BY Peggy Burcker (Signature)
NAME (Typed) Peggy BURCKER
TITLE: CONTRACTING/ORDERING OFFICER 301/443-2475

STANDARD FORM 147, JUNE 1964 *Include ZIP code 1 147-105-31

TERMS AND CONDITIONS OF PURCHASE ORDER

1. INSPECTION AND ACCEPTANCE—Inspection and acceptance will be at destination, unless otherwise provided. Until delivery and acceptance, and after any rejections, risk of loss will be on the Contractor unless loss results from negligence of the Government.

2. VARIATION IN QUANTITY.—No variation in the quantity of any item called for by this contract will be accepted unless such variation has been caused by conditions of loading, shipping, or packing, or allowances in manufacturing processes, and then only to the extent, if any, specified elsewhere in this contract.

3. DISCOUNTS.—Discount time will be computed from date of delivery at place of acceptance or from receipt of correct invoice at the office specified by the Government, whichever is later. Payment is made, for discount purposes, when check is mailed.

4. DISPUTES.—(a) Except as otherwise provided in this contract, any dispute concerning a question of fact arising under this contract which is not disposed of by agreement shall be decided by the Contracting officer, who shall mail or otherwise furnish a copy thereof to the Contractor. This decision shall be final and conclusive unless, within 30 days from the date of receipt of such copy, the Contractor mails or otherwise furnishes to the Contracting officer a written appeal addressed to the Head of the Agency. The decision of the Head of the Agency or his duly authorized representative for the determination of such appeals shall be final and conclusive unless determined to have been fraudulent, or capricious, or arbitrary, or so grossly erroneous as necessarily to imply bad faith, or not supported by substantial evidence. The Contractor shall be afforded an opportunity to be heard and to offer evidence in support of his appeal. Pending final decision of a dispute hereunder, the Contractor shall proceed diligently with the performance of the contract and in accordance with the Contracting officer's decision. (b) This "Disputes" clause does not preclude consideration of law questions in connection with decisions provided for in (a) above; provided, that nothing in this contract shall be construed as making final the decision of any administrative official, representative, or board on a question of law.

5. FOREIGN SUPPLIES.—This contract is subject to the Buy American Act (41 U.S.C. 10 a-d) as implemented by Executive Order 10582 of December 17, 1954, and any restrictions in appropriation acts on the procurement of foreign supplies.

6. CONVICT LABOR.—The Contractor agrees not to employ for work under this contract any person undergoing sentence of imprisonment at hard labor.

7. OFFICIALS NOT TO BENEFIT.—No Member of or Delegate to Congress or resident commissioner, shall be admitted to any share or part of this contract, or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

8. COVENANT AGAINST CONTINGENT FEES.—The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon any agreement or understanding for a commission, percentage, brokerage, or contingent fees, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty the Government shall have the right to annul this contract without liability or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

9. FEDERAL, STATE, AND LOCAL TAXES.—Except as may be otherwise provided in this contract, the contract price includes all applicable Federal, State, and local taxes and duties in effect on the date of this contract but does not include any taxes from which the Government, the Contractor or this transaction is exempt. Upon request of the Contractor, the Government shall furnish a tax exemption certificate or similar evidence of exemption with respect to any such tax not included in the contract price pursuant to this clause. For the purpose of this clause, the term "date of this contract" means the date of the contractor's quotation or, if no quotation, the date of this purchase order.

PAYMENTS AND BILLING INSTRUCTIONS

Invoices shall be submitted in the ORIGINAL only, unless otherwise specified, and shall contain the following information: contract number (if any), order number, item number(s), description of supplies or services, sizes, quantities, unit prices, and extended totals. Bill of lading number and weight of shipment will be shown for shipments on Government bills of lading. If prepaid parcel post charges are billed, the gross weight and shipping point must be shown.

NOTE.—If desired, this order (or a copy thereof) may be used by the Contractor as his invoice, in lieu of a separate invoice, provided the following statement, (signed and dated) is entered on (or attached to) the order: "Payment is requested in the amount of $_____. No other invoice will be submitted." When several orders are to be invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been:

☐ inspected, ☐ accepted, ☐ received by me and conforms to contract.

Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T. REPRESENTATIVE	DATE
	FINAL				
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

ITEM NO.	SUPPLIES OR SERVICES	UNIT	QUANTITY REJECTED	REASON FOR REJECTION

STANDARD FORM 148, JUNE 1964 — FED. PROC. REG. (41 CFR) 1-3.605

148-103-09

ORDER FOR SUPPLIES OR SERVICES

SCHEDULE—CONTINUATION

MARK ALL PACKAGES AND PAPERS WITH ORDER AND/OR CONTRACT NUMBERS

PAGE NO. 2

DATE OF ORDER 2/28/78 | CONTRACT NO. (If any) | ORDER NO. PLD0339978

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
919.14	REPORTS INCIDENTAL TO THE PERFORMANCE OF					
919.15	THE WORK) A STATEMENT AS FOLLOWS, WITH					
919.16	THE INDICATED NUMBER, AMOUNT, AND NAMES					
919.17	FILLED IN:					
919.18						
919.19	THIS REPORT IS MADE PURSUANT TO					
919.20	CONTRACT NUMBER _____.					
919.21	THE AMOUNT CHARGED TO THE DEPARTMENT OF					
919.22	HEALTH, EDUCATION, AND WELFARE FOR THE					
919.23	WORK RESULTING IN THIS REPORT (INCLUSIVE					
919.24	OF THE AMOUNTS SO CHARGED FOR ANY PRIOR					
919.25	REPORTS SUBMITTED UNDER THIS CONTRACT)					
919.26	IS $_____. THE NAMES OF THE					
919.27	PERSONS, EMPLOYED OR RETAINED BY THE					
919.28	CONTRACTOR, WITH MANAGERIAL OR					
919.29	PROFESSIONAL RESPONSIBILITY FOR SUCH					
919.30	WORK, OR FOR THE CONTENT OF THE REPORT,					
919.31	ARE AS FOLLOWS:					
919.32						
919.33	THE CONTRACTOR SHALL EXERCISE DUE CARE					
919.34	TO CAUSE THE ABOVE QUOTED STATEMENT TO					
919.35	BE ACCURATE.					

TOTAL CARRIED FORWARD TO 1st PAGE → .00

STANDARD FORM 148, JUNE 1964

NOTICE TO CONTRACTORS

The Professional Services requested on the enclosed order are to be performed at the time and place stated. Payment may be obtained by one of the following methods:

METHOD NO. 1: By submitting the original copy of the Purchase Order to the address shown in block entitled, "Mail Invoices To." The statement, "Payment is requested in the amount of $ _____. No other invoices will be submitted," must be signed and dated prior to submission.

The total amount of the payment requested cannot exceed the total shown on the Purchase Order.

METHOD NO. 2: IF PARTIAL PAYMENT IS AUTHORIZED ON THE PURCHASE ORDER, each invoice requesting partial payment must be submitted as indicated by the Purchase Order. Example: Partial Payment 1-2-3.

The statement, "Partial payment is requested in the amount of $ _____.", must be signed and dated prior to submission. Payment requested cannot exceed the specific (Partial Payment) amount indicated on the Purchase Order. Final partial payment will show, "No other invoice will be submitted," and the total partial payments cannot exceed the grand total shown on the Purchase Order.

All invoices, requesting partial or final payment, will be mailed to the address shown in the block entitled, "Mail Invoices to."

No changes may be made to this order without the approval of the Contracting Officer. Contractors are warned that no payment may be made for any work that is not authorized.

Make file

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

MENTAL HEALTH STUDY CENTER
NATIONAL INSTITUTE OF MENTAL HEALTH
2340 UNIVERSITY BOULEVARD EAST
ADELPHI, MARYLAND 20783

February 9, 1978

Dr. Peter Blos
Acting Director, Child Dev. Project
201 E. Catherine St.
Ann Arbor, Mich. 48104

Dear Dr. Blos:

We are looking forward to seeing you at our next meeting on March 2nd and 3rd. Enclosed is an updated, slightly revised, and hopefully better organized version of our evolving evaluation protocol. It contains sections on the prenatal, perinatal and periodic (first few years of life) assessments. During the upcoming meeting we need to focus especially on the periodic developmental assessments, as we decided at our last meeting.

when? where?

Please contact the individuals in your work group (the groups we formed at the last meeting to develop and review materials in certain areas) to decide on your time and place of meeting for Thursday evening. As you may recall, we decided at the last meeting that Thursday evening would be set aside for the work groups to get together. We can leave the Study Center open for any groups that may want to meet here. It may be more comfortable, however, to convene at your hotels, etc. Also please confer with your "work group" colleagues prior to the meeting for any preliminary work that needs to be accomplished.

While I hope each group will present new material, it would be very helpful if each of us would also review the enclosed material in some detail as a point of common departure.

Looking forward to seeing you soon,

With warmest wishes,

Stan

Stanley I. Greenspan, M.D.
Chief,
Mental Health Study Center, NIMH

THE UNIVERSITY OF MICHIGAN
CASH RECEIPT TICKET
GENERAL RECEIVABLES

REFERENCE No. CR 3-8

DATE MAY 21 1998

INVOICE NO. 9-16	PAYER 18-40	AMOUNT 41-51	PROJECT ACCT. 52-57	CONTROL ACCT. 58-63	CLASS 64-67
AR				990070	0000
AR				990070	0000
AR	980397			990070	0000
AR				990070	0000
AR	BENNETT, JOHN	225.00	CHEQ	990070	0000
AR				990070	0000
AR				990070	0000
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FORM 9515 C

FOR INTRA-UNIVERSITY CORRESPONDENCE

THE UNIVERSITY OF MICHIGAN
TRAVEL AUDIT OFFICE
103 Research Administration

June 22, 1978

MEMO TO: John Bennett
Child Development Project, Dept. Psychiatry

FROM: Charles J. Beening

SUBJECT: Outstanding Travel Advance

A travel advance of $225.00 against account 013081 received by you on 2/28/78 was due 3/31/78

Please submit your Travel Expense Report as soon as possible so that the advance may be cleared.

If there are any extenuating circumstances that prevent the submission of your Travel Expense Report, or you are not in agreement with our records, please contact the Travel Audit Office at 764-6253.

FOR INTRA-UNIVERSITY CORRESPONDENCE

THE UNIVERSITY OF MICHIGAN

To: Cashier

From: A. M. Wilson
Child Development Project

Please extend the time for re-payment of this amount. Payment will be made to John Bennett in full from NIMH but this usually takes one month from the time of the meetings.

Thank you.

$225.00

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

279139

PURCHASE SERVICE STOCK REQUISITION

Freda Meyerowitz AGENCY	REQUEST FOR: ☐ PURCHASE ☒ SERVICE ☐ STOCK ISSUE	
Mental Health Study Center FOR REFERENCE CALL:	BUREAU OR DIVISION: ADAMHA, NIMH, MHSC	DATE: 1/30/78
Alney Whitener DELIVER TO	EXTENSION: 436-6340	APPROPRIATION SYMBOL OR CAN NO.: *
Mental Health Study Center 2340 University Blvd. E. Adelphi, Md. 20783		ALLOTMENT SYMBOL: OBJECTIVE CLASSIFICATION: ESTIMATED TOTAL VALUE:

FEDERAL STOCK OR OTHER REF. NO.	DESCRIPTION	QUANTITY REQUIRED	UNIT	COST UNIT	COST TOTAL
	PROFESSIONAL SERVICES: To meet with the MHSC, NIMH Advisory Board of the CIDP and the CIDP staff of the MHSC, March 2 & 3, 1978 regarding the scientific aspects of the on-going clinical research program and to prepare a final report of his/her findings and comments on proceedings to be submitted to CIDP staff within 30 days of the meeting for possible future use, including publication.				
	Air Fare				116.00
	Per Diem	2	days	@ 50.	100.00
	Taxi, Limo				40.00
	Consultant's fee while at meeting and for time to prepare final report following the meeting.				400.00
	PLEASE MAKE CHECK PAYABLE TO: Dr. William Schafer Psychologist Child Dev. Project 201 E. Catherine St. Ann Arbor, Mich. 48104 SS #345-34-6959				
	#7581361 279139 8-0963834 8-1190 2593			TOTAL	$656.00

Francis N. Waldrop, M.D., Acting Director, NIMH
determined to be in compliance with General Administrative Manual Chapter 8-15

REQUESTED BY (Signature/Title) Freda Meyerowitz, Admin. Officer	DATE: 1/30/78	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.
APPROVED BY (Signature/Title) Freda Meyerowitz, Admin. Officer	DATE: 1/30/78	RECEIVING OFFICIAL SIGNATURE / DATE
PURCHASE ORDER NO.	P.O. DATE	VOUCHER DATE / VOUCHER NO.

DEPARTMENT OF
(HEALTH, EDUCATION, AND WELFAR(

279164

PURCHASE/SERVICE/STOCK REQUISITION

O Freda Meyerowitz	REQUEST FOR ☐ PURCHASE ☒ SERVICE ☐ STOCK ISSUE		
GENCY Mental Health Study Center	BUREAU OR DIVISION ADAMHA, NIMH, MHSC	DATE 2/9/78	
OR REFERENCE CALL Alney Whitaner	EXTENSION 436-6340	APPROPRIATION SYMBOL OR CAN NO. *	
ELIVER TO Mental Health Study Center 2340 University Blvd., E. Adelphi, Md. 20783		ALLOTMENT SYMBOL OBJECTIVE CLASSIFICATION ESTIMATED TOTAL VALUE	

FEDERAL STOCK OR OTHER REF. NO.	DESCRIPTION	QUANTITY REQUIRED	UNIT	COST UNIT	COST TOTAL
	PROFESSIONAL SERVICES: To meet with the Mental Health Study Center Advisory Board of the CIDP and the ~~NIMH~~ CIDP staff of the MHSC, March 2 & 3, 1978, regarding the scientific aspects of the on-going program and to give a report of his findings within 30 days after the meeting.				
	Air Fare				$ 116.00
	Per Diem	2	days	@50.00	100.00
	Cabs, limo				40.00
	MAKE CHECK PAYABLE TO: John Bennett, M.S.W. Social Worker 201 E. Catherine St. Ann Arbor, Mich. 48104				
	Rec'd from ae 4/2/78				
	*7581361 279164 8-C963834 8-1190 2591				
			TOTAL		$256.00

CERTIFICATION OF APPROVAL: A review of the need for these services has been made and the request has been determined to be in compliance with General Administrative Manual 8-15.

Francis H. Waldrop, M.D., Acting Director, NIMH

EQUESTED BY (Signature/Title) 2/9/78	DATE	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.
[illegible] BY (Signature/Title) Freda Meyerowitz, Admin.Officer	DATE 2/9/78	RECEIVING OFFICIAL'S SIGNATURE / DATE
PURCHASE ORDER NO.	P.O. DATE	VOUCHER DATE / VOUCHER NO.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

279143

PURCHASE/SERVICE/STOCK REQUISITION

Meyerowitz	REQUEST FOR: ☐ PURCHASE ☒ SERVICE ☐ STOCK ISSUE	
tal Health Study Center	BUREAU OR DIVISION: ADAMHA, NIMH, MHSC	DATE: 1/30/78
REFERENCE CALL: ney Whitener	EXTENSION: 436-6340	APPROPRIATION SYMBOL OR CAN NO.: *
LIVER TO: ntal Health Study Center 40 University Blvd. E. elphi, Md. 20783		ALLOTMENT SYMBOL: OBJECTIVE CLASSIFICATION: ESTIMATED TOTAL VALUE:

FEDERAL STOCK / OTHER REF. NO.	DESCRIPTION	QUANTITY REQUIRED	UNIT	COST UNIT	COST TOTAL
these services has been made and the request has been determined to be in compliance with General Administrative Manual Chapter 8-15 Francis N. Waldrop, M.D., Acting Director, NIMH	PROFESSIONAL SERVICES: To meet with the MHSC Advisory Board of the CIDP and the CIDP staff of the MHSC, March 2 & 3, 1978 regarding the scientific aspects of the on-going clinical research program and to prepare a final report of his/her findings and comments on proceedings to be submitted to CIDP staff within 30 days of the meeting for possible future use, including publication.				
	Air Fare				116.00
	Per Diem	2	days	@ 50.00	100.00
	Taxi, limo				40.00
	Consultant's fee while at meeting & for time to prepare final report following the meeting.				400.00
	PLEASE MAKE CHECK PAYABLE TO: Dr. Peter Blos Acting Director, Child Dev. Project 201 E. Catherine St. Ann Arbor, Mich. 48104 SS #090-24-8873				
	*7581361 279143 8-C963834 8-1190 2593		TOTAL		$656.00

EQUESTED BY (Signature/Title) bert A. Nover, M.D.	DATE: 1/30/78	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.
PPROVED BY (Signature/Title) reda Meyerowitz, Admin.Officer	DATE: 1/30/78	RECEIVING OFFICIAL SIGNATURE / DATE

PURCHASE ORDER NO.	P.O. DATE	VOUCHER DATE	VOUCHER NO.

ret'd 3/6/78

SH /SH LS

STANDARD FORM 147, JUNE 1964—FED. PROC. REG. (41 CFR) 1-3.6f 5

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 1

ISSUING OFFICE: DHEW, PHS, DMM RM.3-B-26
5600 FISHERS LANE PKLN BLDG
ROCKVILLE MD 20857

MARK ALL PACKAGES AND PAPERS WITH ORDER AND/OR CONTRACT NUMBERS

DATE OF ORDER	CONTRACT NO. (If any)	ORDER NO.
2/28/78		PLD0314078

ACCOUNTING AND APPROPRIATION DATA
C963834 PLD0314078
5-1190 SS# 345-34-6959
2593 7581361

REQUISITIONING OFFICE
ADAMHA
436-6340

REQUISITION NO./PURCHASE AUTHORITY
0000279139

CONTRACTOR (Name and address, including ZIP code)

TO → DR. WILLIAM SCHAFER
CHILD DEV. PROJECT
201 E. CATHERINE ST.
ANN ARBOR, MICH. 48104

SHIP TO (Consignee and address, including ZIP code)

MENTAL HEALTH STUDY CTR.
2340 UNIV. BLVD. E. PLD0314078
ADELPHI, MD. 20783

VIA

TYPE OF ORDER

PURCHASE ☒X — REFERENCE YOUR PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS ORDER AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY AS INDICATED. THIS PURCHASE IS NEGOTIATED UNDER AUTHORITY OF SECTION 302 (C) (3) OF THE ACT (41 USC (C) (3)) OR AS SPECIFIED IN THE SCHEDULE.

DELIVERY ☐ — EXCEPT FOR THE BILLING INSTRUCTIONS ON THE REVERSE, THIS DELIVERY ORDER IS SUBJECT TO INSTRUCTIONS CONTAINED ON THIS SIDE ONLY OF THIS FORM AND IS ISSUED SUBJECT TO THE TERMS AND CONDITIONS OF THE ABOVE-NUMBERED CONTRACT.

F.O.B. POINT:	GOVERNMENT B./L. NO.	DELIVERY TO F.O.B. POINT ON OR BEFORE	DISCOUNT TERMS
OTHER: DEST.		4/ 3/78	NET

SCHEDULE

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
000.01	PROFESSIONAL SERVICES FOR THE PERIOD					
000.02	MAR. 2 - APR. 3, 1978:					
000.03						
001.01	TO MEET WITH THE MHSC, ADVISORY BOARD	1	FE	656.00	656.00	
001.02	OF THE CIDP AND THE CIDP STAFF OF THE					
001.03	MHSC, MARCH 2 & 3, 1978 REGARDING THE					
001.04	SCIENTIFIC ASPECTS OF THE ON-GOING					
001.05	CLINICAL RESEARCH PROGRAM AND TO PREPARE					
001.06	A FINAL REPORT OF FINDINGS AND COMMENTS					
001.07	ON PROCEEDINGS TO BE SUBMITTED TO CIDP					
001.08	STAFF WITHIN 30 DAYS OF THE MEETING FOR					
001.09	POSSIBLE FUTURE USE, INCLUDING					
001.10	PUBLICATION.					
001.11						
001.12	PAYMENT IS SUBJECT TO SUBMISSION AND					
001.13	ACCEPTANCE OF THE REPORT OF FINDINGS.					
001.14	ANY REVISION WILL BE AT NO ADDITIONAL					
001.15	EXPENSE TO THE GOVERNMENT.					
908.01	PAYMENT IS REQUESTED IN THE AMOUNT OF					
908.02	_____. NO OTHER INVOICE WILL					

SIZE CLASSIFICATION (Check one) ☐ SMALL BUSINESS ☐ OTHER THAN SMALL BUSINESS 3C

TOTAL FROM CONTINUATION PAGES .00

GRAND TOTAL → 656.00

(See reverse for rejections)

SEE BILLING INSTRUCTIONS ON REVERSE

SHIPPING POINT	GROSS SHIPPING WEIGHT	INVOICE NO.

MAIL INVOICES TO *
HSA, ACCT/FIN
RM. 16-36, PKLN BLDGPLD0314078
5600 FISHERS LANE
ROCKVILLE, MD 20857
*Include ZIP code

UNITED STATES OF AMERICA
BY Shirley A. Hume (Signature)
NAME (Typed) Shirley A. Hume
TITLE: CONTRACTING/ORDERING OFFICER
301/443-2475

STANDARD FORM 147, JUNE 1964 — 147-105-31

ORDER FOR SUPPLIES OR SERVICES

SCHEDULE—CONTINUATION

MARK ALL PACKAGES AND PAPERS WITH ORDER AND/OR CONTRACT NUMBERS

DATE OF ORDER: 2/28/78 | CONTRACT NO. (If any): | ORDER NO.: PLD0314078

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
908.03	BE SUBMITTED.					
908.04	William F. Chapin 3/6/78					
908.05	SIGNATURE DATE					
908.06	STATEMENT OF COST AND PERSONNEL					
919.07						
919.08	RESPONSIBLE FOR REPORT					
919.09						
919.10	THE CONTRACTOR SHALL SET FORTH ON THE					
919.11	COVER OF EACH REPORT SUBMITTED PURSUANT					
919.12	TO THIS CONTRACT (EXCEPT PROGRESS					
919.13	REPORTS INCIDENTAL TO THE PERFORMANCE OF					
919.14	THE WORK) A STATEMENT AS FOLLOWS, WITH					
919.15	THE INDICATED NUMBER, AMOUNT, AND NAMES					
919.16	FILLED IN:					
919.17						
919.18	THIS REPORT IS MADE PURSUANT TO					
919.19	CONTRACT NUMBER _____.					
919.20	THE AMOUNT CHARGED TO THE DEPARTMENT OF					
919.21	HEALTH, EDUCATION, AND WELFARE FOR THE					
919.22	WORK RESULTING IN THIS REPORT (INCLUSIVE					
919.23	OF THE AMOUNTS SO CHARGED FOR ANY PRIOR					
919.24	REPORTS SUBMITTED UNDER THIS CONTRACT)					
919.25	IS $_____. THE NAMES OF THE					
919.26	PERSONS, EMPLOYED OR RETAINED BY THE					
919.27	CONTRACTOR, WITH MANAGERIAL OR					
919.28	PROFESSIONAL RESPONSIBILITY FOR SUCH					
919.29	WORK, OR FOR THE CONTENT OF THE REPORT,					
919.30	ARE AS FOLLOWS:					
919.31						
919.32	THE CONTRACTOR SHALL EXERCISE DUE CARE					
919.33	TO CAUSE THE ABOVE QUOTED STATEMENT TO					
919.34	BE ACCURATE.					
919.35						

TOTAL CARRIED FORWARD TO 1st PAGE → .00

Rec'd 3/16/78 ret'd 3/16/78

SH /SH LS

STANDARD FORM 147, JUNE 1964—FED. PROC. REG. (41 CFR) 1-3.605

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 1

ISSUING OFFICE
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ROCKVILLE MD 20857

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DATE OF ORDER: 2/28/78

CONTRACT NO. (If any):

ORDER NO.: PLD0314478

ACCOUNTING AND APPROPRIATION DATA
C963834 PLD0314478
3-1190 SS# 090-24-8873
2593 7581361

REQUISITIONING OFFICE
ADAMHA
436-6340

REQUISITION NO./PURCHASE AUTHORITY
0000279143

CONTRACTOR (Name and address, including ZIP code)

TO → DR. PETER BLOS
ACT. DIR., CHILD DEV. PROJECT
201 E. CATHERINE ST.
ANN ARBOR, MICH. 48104

SHIP TO (Consignee and address, including ZIP code)

ADAMHA, MHSC
2340 UNIV. BLVD. E. PLD0314478
ADELPHI, MD. 20783

VIA

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NAME (Typed) Shirley A. Nunne
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STANDARD FORM 147, JUNE 1964 — 147-105-31

ORDER FOR SUPPLIES OR SERVICES

SCHEDULE—CONTINUATION

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ITEM NO.	SUPPLIES OR SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
908.04	Peter B. Levy, M.D. 3/6/78					
908.05	SIGNATURE DATE					
908.06	STATEMENT OF COST AND PERSONNEL					
919.07						
919.08	RESPONSIBLE FOR REPORT					
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NOTICE TO CONTRACTORS

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METHOD NO. 2: IF PARTIAL PAYMENT IS AUTHORIZED ON THE PURCHASE ORDER, each invoice requesting partial payment must be submitted as indicated by the Purchase Order. Example: Partial Payment 1-2-3.

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File

By John Bennett.

SEVENTH MEETING OF THE ADVISORY COUNCIL FOR CLINICAL INFANT PROGRAMS AT THE MENTAL HEALTH STUDY CENTER, NIMH, ADELPHI, MARYLAND

Stan Greenspan: Opened with a brief description of the new and present political situation at NIMH. Bert Brown, the previous director of NIMH , had been fired by Califano, Secretary of Health, Education and Welfare, since the last (November) meeting of this advisory council. A new director has not yet been chosen. Clearman, director of ADAMHA (Alcohol, Drug Abuse, and Mental Health Administration), is now handling review of the work with regard to this proposal. Whereas Bert Brown was interested in flexibility and moving programs, without that much emphasis on detail, Clearman is more of a bureaucrat, with much emphasis on detail. This may slow down the process of moving the Center proposal along.

Another change in the organization is that management of programs in NIMH has been separated from their review, with a separate review board established. This has been a mandate from the administration aimed toward dealing with issues of conflict of interest. However the separation may create its own conflict of interest difficulties at a later date.

Niel Waldruff is the interim director of NIMH and has allocated $100,000 of NIMH moneys for the start-up funds and Stan has found another $20,000 to add to this figure. Therefore there are $120,000 of moneys for start up funds equalling $30,000 for four centers.

Niel Waldruff, because he is interim director of NIMH may delay acceptance of the Center proposal. The new process of review may also delay that, because there will no longer be an ad-hoc review, but instead periodic reviews. In that case the Center proposal may have to wait until the date of the periodic review rather than when the work is completed.

As well, Bert Brown's replacement as director of NIMH may or may not agree to the Center proposal.

Several names were suggested out of approximately 100 qualified applicants as possible new directors. These were: Pardis, Colorado, Tishler, from Yale, and Alan Levenson, from NIMH.

The area of infancy and the idea of intervention was described as an idea whose time had come. The legislature would be spending approximately $60,000,000 to fund programs in infancy and that there would be many turf battles over this money. The Center group was thought to be in a unique position of receiving monies competitively because much time had been spent up to this point in preparations to initiate programs and receive moneys and would be far ahead of other groups.

It was also noted that extramural NIMH research in infancy is focused on cognitive/adaptive areas primarily, whereas the move to the affective emotional areas has just begun and this is one of the

important foci of the Center proposal.

Stan had prepared an outline for today's meeting on the blackboard covering various areas of infant assessment. These included, 1) general information and initial data on participants, 2) prenatal, 3) perinatal, 4) periodic assessment: infant, caretaker, family, home environment, larger ecological setting.

Sally Provence: Sally thought we should begin today's meeting by coming to some agreement on the aim and focus of the study. It seemed that each of the participants from the last meeting had a somewhat different idea of what the aim and focus was to be even though this had been decided at the last meeting. She had heard three different formulations. One, a study of intervention effectiveness - this would be hard to do. Two, a needs assessment, three, study of development - adolescent and child. The group had decided that this would not be a developmental study but that developmental issues would be part of the study. But then the question becomes what is the goal of collecting data?

Stan Greenspan: Stan said that we had agreed upon a clinical intervention program whose primary focus would be to facilitate development through a variety of approaches within a common framework to describe and assess the infant and mother.

Peter Blos: Peter said there were new directions in which this could go, one, being a study of impact of clinical intervention which would be descriptive, or two, an outcome study of intervention which would be much more difficult. Which of these two did we have in mind?

Stan Greenspan: Talked of arriving at a description of needs, services, and effectiveness using an n=1 own control model and common assessment tools throughout the centers.

Peter Neubauer: One way to speak of adolescent mothers and their infants we are assuming a population at risk, therefore the baseline of our studies will also include elements of risk. This then will lead to statements locating areas of risk which are influenced or not by intervention which will then lead to new areas of future study in which such issues as modalities of intervention, etc. could be studied.

Berry Brazelton: The N=1 model needs more rigor than group study, reliability being the most important issue. The weaknesses in his program with regard to the center proposal would be in clinical areas and in knowledge of adolescent development. He suggested that next year be spent in the Center identifying strengths and weaknesses of programs and in consultation with other centers to discuss and improve weak areas.

Sally Provence: Countered by saying that one can outline the services that one can provide and one can define intervention in rigorous detail.

Berry Brazelton: We do need a rigorous description of our intervention.

Peter Neubauer: If we describe the baseline at the beginning to reassess at a later point this will lead to information regarding lines of change in development in both positive and negative directions with intervention. Difficult questions arise at an explanatory level -- what are the reasons for change -- own intervention or unknown?

Peter Blos: It would be very difficult to make intervention rigorous. It is best to do this descriptively. But again it would be difficult to tie descriptive measures of intervention to outcome. Onthe other hand we are in a unique position of having the infant as an external barometer of changes brought about by intervention.

Stan Greenspan: Thinks the goal is to produce measures of broad lines of development through a number of parameters, i.e. those on the blackboard, and that the effect of intervention would be an outcome in descriptive terms.

Peter Neubauer: One, we need to assess intervention and its effect on functioning. Two, which means we need to explicate intervention, that is, the reasons for each step in our intervention programs.

Stan Greenspan: Added a third point to Peter Neubauer's and that is to define in advance, the conceptual categories of intervention and refine these over time.

Al Solnit: We do need a description of the aim of our collaboration. We had arrived at a number of assumptions at the last meeting. These were, 1) a teenage mother population and their infants which were assumed to be at high risk for social factors and vulnerable for biological factors. 2) that we would have intervention programs which could lead to change in some direction. 3) that we would collaborate in this project to create a basis for more useful hypotheses. 4) the source of our hypotheses would come from psychoanalytic theory, Piagetian theory and knowledge of biological development and maturation. 5) There would be agreed upon times of assessment which would include standardized observations among the centers. 6) There would be home visit observations.

Suggest we turn these assumptions into our aims.

Peter Neubauer: Suggests adding a statement of our collaboration and what we expect to gain from collaboration.

Al Solnit: Had this listed under questions: How could collaboration in this study lead to a national approach and form a broad base for clinical intervention?

Peter Neubauer: There are two components of collaboration. One, the minimum employment of assessment instruments and two, interventions described from the viewpoint of advantage versus disadvantage to the mother and infant.

Berry Brazelton: Concerned that we have to be able to communicate our interventions clearly and rigorously.

Peter Neubauer: Commenting on this question would itself be an important contribution, i.e. making explicit statements about intervention.

Peter Blos: There is tension among centers regarding the question of intervention and differences in intervention which would force us all to tease out and explicate the interventions. This in itself would be a useful outcome.

Julian Ferholt: Will the government buy this?

Stan Greenspan: No, we need a common pool of data, instruments, and systematic observations.

Julian Ferholt: If we want this to lead to an aggregate hypothesis of the group this will bring up the problem of heterogeneous small samples which will then bring up even more questions regarding the intervention.

Stan Greenspan: The homogenous pool would be teenagers who were pregnant.

Peter Neubauer: Brings up the question that the instruments and data needed influence the population one chooses to study.

Berry Brazelton: For the N=1 model it's more difficult to make comparable situations to measure. In that case we would need to use a predictive model of a homogeneous group. The N=1 model needs more previous rigor and decisions on what kind of data collection we would do and how we would use the data collected.

Stan Greenspan: We can aggregate information in terms of descriptions of the group like neonatal assessment and maternal characteristics plus the assessment of the baby and mother interaction at various times.

Berry Brazelton: How would we assess the process?

Stan Greenspan: We need to determine an aggregate model.

Peter Blos: The kind of model we choose leads to decisions regarding the kind of population we will be serving. If it is an intervention model this will lead to a different population and because of this we will have to forego other kinds of information gathering.

Peter Neubauer: Agrees. If it is a three year study this will lead to selectivity of mothers. If half of them drop out we have to do something. We will also be able to measure the variability of the population.

Julian Ferholt: The N=1 study is very good, however valid information about the aggregate is a problem. We cannot generate hypotheses post-hoc because we will only get very small Ns.

Stan Greenspan: If we do as well as Parmelee and his group plus add more lines of development we will be able to sell this to the government. For example we can measure such things as depression

in the mother and depression in the infant.

Julian Ferholt: There will still be a low N unless we decide to pick all depressed mother-infant pairs.

Barry: We could do a predictive study with a selected population.

Heidi: Then we would rigorously have to build in our hypotheses.

Berry Brazelton: This will take much thought. If what we are proposing is a study on continuous patients it is one thing. If it is a clinical intervention wouldn't this be different?

Bill Schafer: Before we do anything else we need to agree in common about our aim.

Stan Greenspan: The aim is the study.

Bill Schafer: What are the data supposed to say at the end?

STan Greenspan: They will be a rigorous study and the N=1 will be an informal component.

Al Solnit: There are philosophical differences in the group. One group is wanting a scientifically valid reliable study with strong methodology. The second group is wanting not a study, but a demonstration project in which clients are kept in the study at the expense of certain kinds of information rather than losing clients. Thinks the study ( ) emphasis is wrong.

Reginald Lourie: Clinical study would have a difficulty of preciseness. However if one stuck with a client eventually one would be able to get the kind of data that was wanted. In that case one would need to describe the tactics of continuing with a patient, and this would lead to a study of outcome at various levels. That is, the reluctance of the patient led to certain tactics which led to information and a certain outcome during pregnancy. If the mother was no longer at risk at labor and delivery this is an outcome in itself. The kind of mother, baby at labor and delivery are outcomes. We only start with initial risk and this leads to different risks at different ages. The use of common assessment tools then would lead to a common data base.

Stan Greenspan: The tension between a study and a clinical intervention project would be profitable because it would lead to good solutions. We don't have to make a choice between a study and clinical intervention.

Berry Brazelton: If the collaborative work is ambivalent like that it will not lead to good contribution.

Peter Neubauer: If we insist on minimal criteria then don't get it, we would have to move to a second line of information. For example, there may be two groups of 14 year olds with certain kinds of personality characteristics which lead to difficulties with the baby because of the mother's own needs, compared to another group of 14 year olds who respond to the baby's needs and give up their own.

Julian Ferholt: This would still get us too small an N. Proposes a collaborative pre-study which would lead to each center's own individual studies.

Al Solnit: Each group is already free to do their own study beyond the collaborative work. We need to agree upon a collaborative aim and in the same we have to be less ambitious. Suggested aim: 1) Multi-center collaboration, 2)on the issue of teenage pregnancy 3) to study resources, vulnerabilities and risks applying to both infant and mother 4) in order to provide a useful intervention to reduce risk and take care of vulnerabilities. The usefulness of the same would be one, to broaden the sample size at any one center individually, and two, to collaborate in exchange with other centers to discover and adjust any blind spots in any one center and to provide data for national policy.

Peter Blos: In the intervention model it then becomes important to describe in detail how services are presented to the adolescent mother in order to provide continuity of intervention.

Second-In-Command:
There are factors of interference along two lines of development, one being adolescent development and two, the development of mothering. This would lead to a description of needs.

Al Solnit: Minimum social indicators would lead to the generation of further hypotheses.

Peter Neubauer: Certain foci should be defined. For example, why do adolescents become pregnant, or continuity of service.

Bill Schafer: Where we need scientific rigor right now is in providing ourselves with a statement of aims. If we do not have an agreed upon statement of aims then further discussion about methodology gets us nowhere. If we do have a statement of aims agreed upon this becomes the razor's edge against which we determine methodology and other questions. For example, if the primary aim is to provide a clinical demonstration project then if there is risk the aim of the demonstration is whether risk can be reduced. This will then lead to further hypotheses and then to next steps in research but whatever we intend to demonstrate needs to be simple.

Reginald Lourie: A sum aim could be to determine which treatment modality would be most useful to which cases if we assess treatment.

Berry Brazelton's New: It would lead to new work.

Peter Neubauer: Having agreed to the aim means that we will also have agreed to some other things. One, adding to the present work each center is doing, adding assessment tools which would lead to new work for each of the centers and also the questions of the kinds of populations serviced by each of the centers. The goal of the first year would be to examine the type of population served.

Stan Greenspan: We would have to find parameters in the population which were in common.

Berry Brazelton: If we add new assessment tools we want help from those doing psychological work. We would also want to be sure that the psychological centers would add physiological measures and that there would be consultation between centers with regard to these new changes. We also need to clarify the ingredients of the demonstration.

Al Solnit: We need to get back to the aim statement of Bill Schafer.

Berry Brazelton: We also need visiting between centers and we need a framework of common knowledge.

Peter Neubauer: Says Berry Brazelton agrees to additions in his program and interchanges of experiences and treatment. This will lead to expansions in his program. What each center needs from the others is an important part of the study.

Al Solnit: We won't be able to answer all of the questions that come up but the work that we will do will lead to the refinement of questions. We do need a formal agreement of aim.

Bill Schafer: We need a formal agreement of aim but we need to distinguish between what is an aim, what is the teaching/learning, and what are the further questions. These three things provide a razor's edge for determining the kind of assessment tools that we use.

Peter Neubauer: Agrees we need an aim, but we also need to know what centers can and cannot do.

After some discussion it was agreed by all present that a formal written statement of aims be drawn up, typed up and distributed during the period of time during which the National Advisory Committee would be meeting. Bill Schafer was placed in charge of this project to be worked on by himself and the other non-National Advisory Council members present at the meeting. A formal document of stated aims was produced, presented to the larger group and accepted with minor changes. The following document provides the formal accepted aims of the center proposal with modifications included.

STATEMENT OF AIMS

Based on the assumption that adolescent parents and their offspring represent a volatile high risk population, the purpose of this multi-center collaborative project is to set up multidisciplinary programs of individualized intervention for teenage parents and their offspring in order to enhance the development of infant and parents and to assess the effect of the individualized intervention. Our collaborative method is designed to enrich and make more effective this effort to improve our understanding and care of teenage parents and their infants.

In order to accomplish this overall goal there are several sub-goals to: 1) Study the clinically relevant aspects of development of teenage parents and their infants. 2) Articulate the ingredients of specific intervention modalities. 3) Identify the rationale by which specific intervention efforts are made and the rationale by which they are modified or terminated. 4) Better understand the effectiveness and limitations of such interventions. 5) Facilitate the exchange of understanding and learning experience among centers. 6) To disseminate knowledge and methods that will be supportive of national efforts to improve preventive and therapeutic services for teenage parents and their babies and foster training of qualified personnel.

And what happens to Stan - "common protocol?"

Stan Greenspan: The next meeting of the advisory council will be Thursday evening, July 20th, Friday, July 21st, and Saturday, July 22nd. The purpose of this meeting will be for each of the centers to describe what they are willing to do with regard to the collaborative work beyond which they are now doing at their centers. The deadline for the final proposal for this center collaborative work should be January 1st, 1979. This proposal deadline was agreed to by all members present.

Peter Neubauer: Suggested each center outline their program in the following terms: 1) population choice, 2) preference for intervention, 3) the expansion each center is willing to agree to, 4) go to documents to determine (a) suitability, (b) new tools. Purpose would be, commonality/negotiations.

Julian Ferholt: Suggested these should be submitted to each other prior to the meeting time.

Sally Provence: Asked the ages at which each center would assess in common. This would depend of course on local situations, but would it be something like 9, 18, 27 and 36 months?

Berry Brazelton: These measurements should be done around critical periods, these periods should be selected and the instruments should be sent around for review.

Peter Blos: Each center should decide the frequency and ingredients of assessment prior to the next meeting.

Sally Provence: Suggested a person from each project be represented in each assessment category group.

Stan Greenspan: There should be meetings of each of these groups prior to the July meeting so that materials can be presented at that meeting.

Berry Brazelton: Each center should send information regarding frequency and ingredients to each other and then the representatives from each center should hash these out and negotiate so that specific proposals could be made at the July meeting.

Peter Blos: Wants clarification as to the areas covered by each assessment category.

Stan Greenspan: The areas regarding background information and prenatal, perinatal, postnatal are already determined. Those to be determined are: 1) infant assessment, (a) affective-social, (b) cognitive-motor, (c) adaptation; 2) parent/caregiver; 3) family, home, 4) larger ecological setting.

Peter Blos: Then it would be physiological, infant, caregiver, ecological network, intervention.

Stan Greenspan: Yes.

Al Solnit: We need one coordinator from each center to coordinate this work and the names should be sent to him within one week after this meeting.

Berry Brazelton: Each center should give all the other centers all the information for planning.

Stan Greenspan: April 5th, initial protocol should be sent to coordinators. May 5th, meeting of the coordinators.

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SALES PERSON

2-27-78
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NAME Dr. Peter Blos

07699

ADDRESS

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HURON VALLEY TRAVEL, INC.

BRANCH LOCATION

Carol/Debi
SALES PERSON

2-27-78
DATE

NAME Mr. Wm Shafer

07698

ADDRESS

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AIR NW 3-1-78	8280:075:167	116.00
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RAILROADS		
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OTHER TOUR		
BUS-SIGHTSEEING		
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Peter:

Jean Lopez called re: Advisory Meeting March 2nd and 3rd. A letter has gone out and probably will reach here tomorrow or Wednesday with info re meeting. However, she wanted us to know that in addition to yourself, they will pay for 2 other staff members to go to Washington for that meeting. They will pay expenses plus a per diem allowance. She needs to know today who those people are: their names, addresses, titles, s.s. #s. She needs to know how many to make reservations for. There was not a time on the agenda re: starting time on the 2nd but she assumed it was 9:00 a.m. Friday the 3rd was 9:00 to 5:00.

you are allowed to invite

Will Bill be going and who else?

Make folder Selma

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

January 27, 1978

MENTAL HEALTH STUDY CENTER
NATIONAL INSTITUTE OF MENTAL HEALTH
2340 UNIVERSITY BOULEVARD EAST
ADELPHI, MARYLAND 20783
(301) 436-6357

Dr. Peter Blos
Acting Director
Child Development Project
201 E. Catherine Street
Ann Arbor, Michigan 48104

Dear Peter,

The next meeting of the Mental Health Study Center Advisory Council for Clinical Infant Programs will be on March 2 and 3, 1978. On March 2 Dr. Arthur Parmelee and members of his research group will be presenting their latest research work. An agenda will be sent to you in February.

In the evening of March 2 and during the day of March 3 we will focus on the proposal for the collaborative study. The details of these discussions are included in the enclosed letter from Stan. I would like to remind you that we agreed to meet as subcommittees on the evening of March 2 and to meet for the full day, 9-5, on Friday in order to have significant time for full discussions. There will also be a 1-1/2 hour meeting of the National Advisory Council for Clinical Infant Programs.

For this meeting as in the past there will be an honorarium, per diem, and travel expenses. In addition there will be an additional two day honorarium for preparation time for the members of the core Advisory Group. In addition to members of the Advisory Group two additional staff persons from each program are invited to attend. They will be paid travel and per diem. It was the general feeling among a number of members of the core Advisory Group that there may be times during the discussion of the proposal of the collaborative study when policy issues need to be discussed. Should this need arise the core Advisory Group may need to meet without the staff in attendance.

Jeanne Lopez will again handle the administrative arrangements for the meeting. Please feel free to contact her or me should you have any questions.

Sincerely yours,

Bob

Robert A. Nover, M.D.
Chief, Clinical Infant Research
Section
Clinical Infant Development Program

Copy to Selma Fraiberg

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I hope the beginning of the new year has been happy and productive. We are getting ready for the March meetings and are looking forward to seeing you at that time. I hope the work groups have been able to further develop the collaborative protocol. I will be in contact with the chairperson of each committee prior to the meeting to clarify the tasks. We have refined and reorganized some of the material developed here and will be sending you an updated pile of material shortly. As we discussed at our previous meeting, we are planning to spend Thursday hearing Dr. Parmalee and his colleagues present their work, spend Thursday evening in the separate work groups and meet together on Friday to further discuss and develop the collaborative protocol.

As you may have heard Bert Brown is no longer the Director of the National Institute of Mental Health. Shortly before the holidays he was asked to leave the Director's position and was reassigned to the Office of the Assistant Secretary for Health, Julie Richmond's office. It is not yet clear what he will be doing in his new position.

Needless to say, many of us here are very sad about Bert's departure and there is an expectable feeling of uncertainty regarding this transitional time. Jerry Klerman is the new ADAMHA Director and Neal Waldrop the former Deputy Director of ADAMHA, is Acting Director for NIMH, while the search for a new Director goes on.

Even with the above events, we feel optimistic about the program initiatives that we have all been planning together. Prevention and mental health in infancy, early childhood and families are very high priorities with HEW. These priorities have been strongly endorsed by Julie Richmond and Jerry Klerman. My personal feeling is that it is important for us to complete the collaborative protocol on the schedule we formulated, so that it can be moved along and supported by the transitional and eventually the new leadership at NIMH. The preliminary RFP's have been prepared and are in the contract office now. We hope they will come out on schedule in the spring.

Looking forward to seeing you at the March meeting.

Sincerely yours,

Stanley I. Greenspan, M.D.
Chief, MHSC

FOR INTRA-UNIVERSITY CORRESPONDENCE

THE UNIVERSITY OF MICHIGAN

February 17, 1978

To: Peter, Bill and John

From: Adele

Reservations have been made for Washington as follows:

All three of you leave on Northwest 374 March 1st at 8:49, arrive Washington National at 10:00.

For Bill and John return reservations have been made on United 835 leaving Washington at 6:10, arriving Detroit 7:36. (There is a 7:30 flight if this is not enough time from the meeting to the airport).

For Peter: Return flight is from New York on March 5th on American 421, leaving New York at 2:30, arriving Detroit at 4:06 p.m.

If any of these need to be changed, please let me know. Detroit to Washington fare and return is $116.00.

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