

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

1: NCCP | Social-emotional Development in Early Childhood

Council for Children with Behavioral Disorders monograph on prevention and early intervention for young children at risk for emotional/behavioral disorders, (pp. 23 - 31). Arlington, VA: Council for Children with Behavioral Disorders.

Page Share Cite Suggested Citation: The National Academies Press. As outlined in Figure , screening can be carried out at the community level, focused on population-based risks for universal prevention efforts, e. Screening for community-level and group- or individual-level risks is based on identification of risk exposures. Indicated prevention requires screening for individual characteristics. There is a long list of possible community-level exposures that represent risks. Examples include poverty, violence and other neighborhood stressors, lack of safe schools, and lack of access to health care. High-risk exposures for subsets of the population include maternal depression, separation of parents as a result of divorce or a death of one of the parents, physical or sexual maltreatment, any events that lead to placement of a child in foster care, and catastrophic events, such as suicide of a classmate. Screening at any of these levels will identify youth, individually or collectively, who should be candidates for preventive interventions, assessment, and if indicated specific treatment. Screening should be easily and quickly performed, affordable, and reasonably accurate as a detection tool. There are a number of screening measures and approaches related to MEB disorders that meet these criteria Stancin and Mizell Palermo, However, for a number of reasons discussed in this chapter, screening for risks and behaviors or biomarkers associated with a higher likelihood of future MEB disorders has not been widely adopted. Nevertheless, identification of elevated risks can guide public investments and mobilize communities to pursue needed resources to reduce these risks. While individual risks and behaviors or biomarkers can be identified and receive attention through such settings as primary health care and the school system, there are few specifically identified systems for screening and follow-up at the community or group risk levels. This chapter outlines criteria for assessing the applicability of screening for selective and indicated preventive interventions, building on criteria published by the World Health Organization WHO. The chapter closes with conclusions and recommendations on where the field should move to further consider screening in the context of prevention. Although screening approaches have been used in a research context to identify potential participants in indicated preventive interventions, the focus here is on prevention in real-world environments. The 10 basic principles, in various forms, are used today to assess applicability of biomarkers or other diagnostic information for presymptomatic detection of serious disorders. However, the WHO criteria were developed from the perspective of early detection of disease, with the goal of providing treatment before the disorder becomes symptomatic. For prevention, one of the goals of screening should be to identify communities, groups, or individuals exposed to risks or experiencing early symptoms that increase the potential that they will have negative emotional or behavioral outcomes and take action prior to there being a diagnosable disorder. Successful screening and preventive interventions can reduce diagnosable disorders that require treatment. Thus, considering screening in the context of prevention requires a shift in thinking and adaptation of some of the WHO criteria. For example, mental health screening targets both risk factors and early behaviors or biomarkers that predict MEB disorders. Table presents a revised set of criteria that are likely to lead to successful prevention through screening at the individual level. We discuss below the extent to which the amended criteria are met. The MEB disorders to be prevented through identification of this risk factor should be a serious threat to mental health or increase the likelihood of substance abuse or delinquent or violent behavior. MEB disorders among young people result in significant personal and family suffering and substantial societal costs associated with service use and lost productivity see Chapter 9. The natural history of the disease The antecedent history of the disorder and its should be adequately understood. There should be a treatment for the There should be an effective intervention to condition. Early preventive intervention should lead to better outcomes than a treatment after onset. Facilities for diagnosis and treatment Facilities or settings for screening and intervention should be available. There

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

should be a latent stage of the There should be identifiable risk or protective disease. There should be a test or examination There should be validated screening tools or for the condition. Tools should have acceptable accuracy when compared with formal assessments. The test should be acceptable to the Screening approaches and guidelines should be population. There should be an agreed policy on There should be agreed-on guidelines for whom to whom to treat. The total cost of finding a case should The cost of finding a case should be affordable, be economically balanced in relation cost-effective, and reimbursable. It should be project. The antecedent history of the disorder and its developmental link to target risk factors should be adequately described. Although the origins of most MEB disorders and problems are still incompletely understood, the temporal relationship between early behavioral phenotypes and DSM-IV diagnosable conditions has been documented extensively. There are valu- able models of how antecedent risk factors relate to the onset of these disorders. The taxonomy of these disorders, although less precise than physical disorders, has also been standardized using DSM criteria. Perhaps most importantly for this discussion, many risk factors for MEB disorders are measurable with scientifically verified assessment tools, facilitating the linkage of their recognition to the onset of later MEB disorder outcomes. While protective factors are less thoroughly documented than are risk factors, they can be recognized in some cases and associated with mental health outcomes. There should be an effective intervention to address the identified risks or early symptoms and signs of the MEB disorder. Early preventive intervention should lead to better outcomes than treatment after onset. We note first that there are treatments available for most MEB disorders. However, the effectiveness of these treatments is highly variable. However, if these disorders can be prevented or delayed, a much larger benefit can be obtained than through early treatment. There is some evidence that reduction of risk or presymptomatic intervention prevents, delays, or modifies disorder symptoms. As discussed in Chapter 7, recog- nition of the risk for depression has led to interventions that reduce the incidence of the full-blown disorder. Interventions for families struggling with divorce have been protective for downstream MEB disorders in the children see Box School or community-wide interven- tions follow- ing a catastrophic event appear to reduce the occurrence of posttraumatic stress disorder PTSD in young people Layne, Saltzman, et al. Many more such examples could be cited and undoubtedly will surface in the future. The ability to screen for adverse events or conditions has led to effective early interventions in several but not all situations. Abused and neglected children are more likely to be abusive and neglectful when they become parents an intergenerational risk factor Noll, Trickett, et al. It is potentially important to recognize, but there are limited studies that document effectiveness of a specific intervention for children or adolescents known to be abused that reduces their abusive behaviors as they mature. The rationale for screening is strong; however, a robust evidence base must be assembled to demonstrate where investment in broad screen- ing efforts is effective and cost-efficient. In particular, studies should address identification of types of risks that can lead to mobilization of community resources to address risk. For some disorders, effective prevention strategies are available. Before implementing an individual screening strategy, it would be important to compare its impact with that of a universal strategy. For the prevention of conduct disorder, youth can be identified through screening of teachers and parents for those exhibiting aggressive behavior Perrin and Stancin, A number of individual-level interventions are available, ranging from behavioral reinforcement with a mental health professional to long-term intervention, as used in the Fast Track project see Box Alternatively, universal preventive interventions have been shown to have lasting impact on those with the highest levels of aggressive behavior early on Kellam, Brown, et al. Where multiple levels of preventive intervention are available, universal interventions may serve as an informal screening mechanism, with those who do not respond to the intervention being identified for more targeted approaches based on elevated risk. We note that screening should target not only young people, but also their extended family members and caretakers as well as peers and com- munity environments, including norms and policies, for example, around substance use. For example, postpartum depression was detected in more than 40 percent of socioeconomically dis- advantaged mothers by home visitation Stevens, Ammerman, et al. Situational stresses, such as death of a parent, affect all

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

family members Melhem, Walker, et al. Preventing behavior problems in young children requires family-oriented strategies that address the needs of both parents and their children. Facilities or settings for screening and intervention should be available. Screening for risks or for precursors of MEB disorders is not limited by the availability of screening settings. Three settings appear to have particular advantages: However, none has become a site for the routine screening of children. A number of screening tools have been proposed for use in the medical office Perrin and Stancin, The office visit can screen for risk by routinely inquiring about parental concern. Computerized screening has demonstrated enhanced recognition of behavioral problems in the office setting Stevens, Kelleher, et al. There are several barriers to widespread adoption of medical office screening for risks or behavioral indicators of future MEB disorder Perrin and Stancin, First, most physicians, including pediatricians and their office staff, have not been trained to include screening in their routine well child or sick child visits see Chapter Second, good systems frequently are not in place to further assess children who are identified as being at risk. Many pediatric or family medicine offices are neither prepared to take necessary steps, nor are they linked to behavioral care capabilities psychiatry, psychology, social work expertise for follow-up of the screening outcomes. Third, in most medical office settings, neither public nor private payers will reimburse for behavioral screening. For a number of reasons, the intent of the program to include behavioral screening has not been fully realized; the EPSDT screening tools in nearly half the states do not address behavioral health issues at all Semansky, Koyanagi, and Vandivort-Warren, States use a variety of tools with variable coverage of mental health and substance abuse issues Judge David L. Bazelon Center for Mental Health Law, The state of Massachusetts, as the result of a court decision, has mandated behavioral screening for all children enrolled in Medicaid at each physician visit, starting in January The effectiveness of the screening and outcomes of children at risk in this program are as yet unmeasured. It has created two state health consortia, the second of which ABCD II employs standardized, validated screening tools to assess the mental development of young children and to provide follow-up services for those at risk. It is designed to strengthen the capacity of states to deliver early child development services to low-income children and their families through their Medicaid programs. Two state consortia were formed under the ABCD initiative. The first, ABCD I, created in , provided grants to four states North Carolina, Utah, Vermont, and Washington to develop or expand service delivery and financing strategies aimed at enhancing healthy child development, including efforts to strengthen developmental screening, surveillance, and assessment efforts. The second, ABCD II, formed in , is aimed at strengthening primary health care services and systems that support the healthy mental development of young children from birth to age 3 in five states California, Illinois, Iowa, Minnesota, and Utah. The initiative was carried out primarily through a small number of pilot programs in clinical practice settings. Many of the states also included an effort to identify and address systematic policy barriers, including clarifying or amending state Medicaid policies. In an effort to improve the identification of children at risk for or with social or emotional development delays, the ABCD II consortium states each identified standardized, validated screening tools and encouraged pediatric primary care providers to use them as a routine part of their regular delivery of care. Each state sought tools that would accurately identify children who may need behavioral developmental care and follow-up services, be inexpensive and rapid to administer, and provide information that could lead to action. Most are designed to elicit information from encouragement that the primary medical care setting can effectively identify children who can benefit from early attention see Box Initial lessons from implementation of this program in Iowa have been made available Silow-Carroll, , but evaluation of the program is still in progress. Other efforts to screen for MEB disorders in the primary care setting include 1 routinely questioning adolescents about symptoms suggesting depression ACGME, Adolescent Medicine Training Program Requirements , 2 surveillance ongoing observation and screening young children for behaviors suggestive of autism Johnson, Myers, and the American Academy of Pediatrics Council on Children with Disabilities, , and 3 screening for suicidal ideation Institute of Medicine, Clinicians felt these tools also helped parents learn about child development, identify concerns, and organize questions prior to an appointment.

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

2: Emotional and Behavioral Disorders - APBS

Prevention and Early Intervention for Young Children at Risk for Emotional or Behavioral Disorders. Fifth CCBD Mini-Library Series: Meeting the Diverse Needs of Children and Youth with E/BD--Evidence-Based Programs and Practices.

This chapter begins by outlining a developmental framework for discussion of risk and protective factors that are central to interventions to promote healthy development and prevent MEB disorders. The conceptualization and assessment of positive aspects of development, referred to as developmental competencies, are examined as the scientific underpinnings for research on promotion of mental health. The chapter goes on to discuss research on risk factors and protective factors for MEB disorders, with attention given both to factors associated with multiple disorders and to the multiple factors associated with specific disorders. The emphasis is on identifying the implications of findings from this research for the design and evaluation of developmentally appropriate preventive interventions. Specific interventions targeting particular developmental stages are discussed in more detail in Chapter 6, and interventions targeting specific disorders as well as those designed to promote mental health are discussed in Chapter 7. That makes it important for the field to be grounded in a conceptual framework that reflects a developmental perspective. Four key features of a developmental framework are important as a basis for prevention and promotion: Age-Related Patterns of Competence and Disorder Understanding the age-related patterns of disorder and competence is essential for developing interventions for prevention and promotion. Healthy human development is characterized by age-related changes in cognitive, emotional, and behavioral abilities, which are sometimes described in terms of developmental milestones or accomplishment of developmental tasks discussed in further detail below. Adolescence introduces significant new biological and social factors that affect developmental competencies, particularly related to behavioral decision making. A solid foundation of developmental competencies is essential as a young person assumes adult roles and the potential to influence the next generation of young people. The age at which disorders appear also varies. For example, a national survey on the lifetime prevalence of mental disorders in the United States indicates that the median age of onset is earlier for anxiety disorders age 11 and impulse control disorders 1 age 11 than for substance use disorders age 20 and mood disorders age 30 Kessler, Berglund, et al. The majority of adults report the onset of their disorder by age 24 Kessler, Berglund, et al. Other studies also indicate that early onset of symptoms is associated with greater risk of adult disorders, including substance abuse and conduct disorder Kellam, Ling, et al. Multiple Contexts Development occurs in nested contexts of family, school, neighborhood, and the larger culture Bronfenbrenner, Therefore, interventions can occur in a range of settings and in multiple contexts. As illustrated in Figure, the range of intervention approaches includes promotion of healthy development, prevention of MEB disorders, and treatment of individuals who are experiencing disorders the outer semicircle. These interventions occur in an ecological framework of human development in which the individual is nested within micro-systems that are in turn nested within a larger community and cultural including linguistic context the central concentric circles. The ecological perspective is widely accepted in the study of mental health, developmental psychopathology Masten, Faden, et al. An ecodevelopmental model of prevention. Adapted from Weisz, Sandler, et al. Developmental Tasks Individuals encounter specific expectations for behavior in a given social context. These expectations have been referred to as social task demands or developmental tasks Kellam and Rebok, ; Masten, Burt, and Coatsworth, Developmental tasks change across phases of development and may also differ by culture, gender, and historical period. Success or failure in meeting these developmental tasks is judged by natural raters e. Success with one developmental task can have serious consequences for success or difficulty in others and for the development of later problems and disorders. Developmental competence, discussed below, is strongly influenced by the concept of developmental tasks. Interactions Among Biological, Psychological, and Social Factors How young people

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

development—whether they develop mental, emotional, or behavioral problems or experience healthy development—is a function of complex interactions among genetic and other biological processes discussed in more detail in Chapter 5, individual psychological processes, and multiple levels of social contexts. Although the precise biopsychosocial processes leading to most disorders are not fully understood, considerable progress has been made in identifying the risk factors and protective factors that predict increased or decreased likelihood of developing disorders. Understanding the pathways of development enables prevention researchers to identify opportunities to change pathological developmental trajectories. Understanding the reciprocal pathways by which failures of competence contribute to psycho-pathology and by which psychopathology undermines healthy development Masten, Burt, and Coatsworth, is needed to design promotion activities aimed at strengthening developmental competencies. Research on mental health promotion is not as fully developed as that on prevention, but progress has been made in defining key concepts and describing biopsychosocial pathways that influence positive development. Important opportunities exist for research to make rapid advances, particularly to improve understanding of how genetic and environmental factors influence developmental pathways National Research Council and Institute of Medicine, , p. The discussion that follows focuses on competence or the achievement of developmentally appropriate tasks, which the committee contends should form the basis for mental health promotion research and intervention, and characteristics of healthy development as young people progress from infancy through young adulthood that can be used to operationalize competence. Similarly, Kellam, Branch, and colleagues conceptualize competence from a life-course social field perspective, in which the individual must adapt to new tasks in different social fields e. Positive youth development can be viewed as the facilitation of competence during adolescence. Based on a comprehensive review of youth development programs and meetings of experts, Catalano, Berglund, and colleagues identified multiple goals of programs designed to promote positive youth development: Acquisition of competence in these areas requires young people to adapt to the demands of salient social contexts and to attain a positive sense of identity, efficacy, and well-being. We note, however, that while there is increasing interest in understanding and promoting these positive aspects of development e. At the same time, research is beginning to identify factors that affect success or failure in accomplishing specific developmental tasks and the relationship to later development of problems or health. For example, various causal models of the links between conduct and academic competence have been developed e. One longitudinal study of a community cohort of children assessed three dimensions of competence in childhood academic, social, and conduct and five dimensions of competence in late adolescence academic, social, conduct, job, and romantic Project Competence; Masten, Burt, and Coatsworth, Conduct competence following rules in salient social contexts in childhood proved to be more likely to lead to academic competence in adolescence than the reverse pathway see Hinshaw, , for a discussion of alternative causal models of the links between conduct and academic competence. Masten and colleagues proposed the concept of developmental cascades to refer to the process by which competence and problems become linked across time. Illustratively, their study found externalizing, or primarily behavioral, problems e. In another study of 1, adolescents in two urban, high-poverty public schools in Baltimore and New York Seidman and Pedersen, , competence was conceptualized as the interaction of the individual with several social contexts: Nine different profiles of engagement with these contexts emerged and showed differing associations with indicators of positive mental health self-esteem and mental health problems depression and delinquency. Youth who were positively engaged in two or more settings had higher self-esteem and lower depression. However, high engagement in athletic contexts along with low engagement in cultural or academic contexts was associated with high rates of delinquency. These authors propose that studying homogeneous at-risk populations can identify diverse profiles of competence positive or negative that might be obscured by studying more heterogeneous populations or by studying each aspect of competence separately Seidman and Pedersen, Werner and Smith , , in a series of classic studies of youth at high risk on the island of Hawaii, also argue that the resources a child needs to successfully develop vary by developmental stage. Early in life, a

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

close relationship with the primary caregiver is crucially important, whereas in adolescence, the presence of mentors and opportunities in school and the neighborhood are crucial. Characteristics of Healthy Development

Although there are no universally accepted taxonomy or agreed-on measures of positive mental health, several groups have attempted to integrate research and theory on healthy development at different developmental stages. Table summarizes findings related to individual, family, and school and community characteristics that facilitate healthy development from reviews that the committee considers to be particularly informative. These factors differ across developmental periods and across individual, family, and school and community contexts. For a guide to factors relevant during infancy and early childhood, the committee looked to the influential report *From Neurons to Neighborhoods: Healthy accomplishment of the developmental tasks at these ages*—such as secure attachment, emotional regulation, executive functioning, and appropriate conduct—is associated with both positive development and prevention of mental, emotional, and behavioral problems over the long term. The committee drew from several sources on positive development during middle childhood. Masten and Coatsworth assessed competent functioning in middle childhood in terms of successfully accomplishing developmental tasks, such as academic achievement, following rules for appropriate behavior, and developing positive peer relations. Resilience, or the ability to adapt to life stressors, is a widely accepted aspect of positive development Catalano, Berglund, et al. The Rochester Child Resilience Project identified characteristics of the child and of the family that are associated with resilience for urban children experiencing chronic family stress Wyman, The school is also a social context that can promote the accomplishment of the developmental tasks of academic achievement, rule compliance, and the development of peer relations, as described by Masten and Coatsworth A major review of community programs to promote positive outcomes for adolescent development identified four domains of individual-level assets: The review also identified features of positive developmental settings, which the committee sees as relevant both for the family and for school and the community. Some of these include physical and psychological safety, supportive relationships, and positive social norms National Research Council and Institute of Medicine, The developmental tasks of this period are to explore identity in love, work, and world view e. This work on early adult development continues the tradition of others e. These interventions must be shaped by developmental and contextual considerations, many of which change as children progress from infancy into young adulthood. To develop effective interventions, it is essential to understand both how developmental and contextual factors at younger ages influence outcomes at older ages and how to influence those factors. The concept of risk and protective factors is central to framing and interpreting the research needed to develop and evaluate interventions.

Defining Risk and Protective Factors Kraemer, Kazdin, and colleagues define a risk factor as a measurable characteristic of a subject that precedes and is associated with an outcome. Risk factors can occur at multiple levels, including biological, psychological, family, community, and cultural levels. They differentiate risk factors for which there is within-subject change over time variable risk factors from those that do not change e. Causal risk factors are those that are modifiable by an intervention and for which modification is associated with change in outcomes. A risk factor that cannot be changed by an intervention or for which change in the factor has not been demonstrated to lead to a change in an outcome is considered a variable marker. Protective factors are defined as characteristics at the individual, family, or community level that are associated with a lower likelihood of problem outcomes. The distinctions between risk factors discussed above can also be applied to protective factors. It is often difficult to distinguish the effect of protective factors from that of risk factors, because the same variable may be labeled as either depending on the direction in which it is scored e. For example, in a meta-analytic review of studies of risk and protective factors, Crews et al. One approach to distinguishing the effect of protective factors from risk factors is to consider them as the extreme ends of a continuous variable Luthar, ; Rutter, ; Stouthamer-Loeber, Loeber, et al. For example Stouthamer-Loeber, Loeber, and colleagues, in a study of schoolchildren in grades 1, 4, and 7, trichotomized 35 predictors of delinquency at the 25th and 75th percentile to refer to risk and protection, respectively. They found that for 43 percent of the variables both the risk and protective effects were significant predictors, whereas for 11 percent

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

of the variables only the protective effect was significant. Similarly, Luthar and Lantendresse, in a study of wealthy and poor preadolescents, assessed the relations of mental health problems with high or low scores on each of seven aspects of the parent-child relationship. They found that some dimensions e. Considering Risk and Protective Factors in the Design and Evaluation of Preventive Interventions Over the past several decades a voluminous literature has emerged on risk and protective factors associated with specific disorders e. This literature provides the research base for the design of preventive interventions. When potentially modifiable risk and protective factors have been identified through epidemiological and developmental research, preventive approaches can be developed to change those factors to prevent the development of mental, emotional, and behavioral problems. Other risk factors can help define populations that are potential candidates for prevention, such as children exposed to divorce, poverty, bereavement, a mentally ill or substance-abusing parent, abuse, or neglect. Although interventions aimed at these children typically do not target the risk factor itself e. A preventive intervention trial tests whether the intervention is effective in changing the targeted risk and protective factors and whether change in these factors mediates, or accounts for, changes in the problem outcome. A randomized preventive trial that provides evidence that an intervention has successfully changed a risk or protective factor and that the change is associated with a later change in a problem outcome is a uniquely powerful scientific tool in moving from passive correlational studies to identification of causal risk or protective factors Rutter, Pickles, et al. Preintervention research that tests models of the pathways between risk and protective factors and the development of mental, emotional, and behavioral problems provides evidence for the theoretical models on which preventive interventions are based. Evidence from randomized prevention trials provides experimental evidence to support or counter those models Coie, Watt, et al. The committee examined four specific aspects of risk and protective factors, their relations to each other and to mental, emotional, and behavioral outcomes, and implications for the design and evaluation of preventive interventions see Table Risk and Protective Factors Can Be Found in Multiple Contexts One of the earliest and most replicated findings from the empirical literature is that risk and protective factors are found at multiple levels of the social ecology, or the relationship between humans and their environments, from biological and psychological characteristics of the individual to the family and the community Rutter, ; Werner and Smith, ; Luthar, ; Crews, Bender, et al. For example, a synthesis of 18 meta-analytic reviews of risk and protective factors for children found that the strongest risk factors for internalizing and externalizing problems include comorbid internalizing or externalizing problems, family environment stress e. One implication of the multilevel nature of risk and protection is that high-risk groups can be identified on the basis of their individual, family, or community indices of risk. Similarly, preventive interventions can be developed to change risk and protective factors across levels of the social ecology Maton, Schellenbach, et al.

PREVENTION AND EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR EMOTIONAL OR BEHAVIORAL DISORDERS pdf

Google drive s not showing notes Christophe adam eclairs book Epistle to the Philippians (Blacks New Testament Commentaries) Career opportunities for anyone Sonatina album: piano solo Mr. William Smiths motion, to amend the Constitution of the United States. Abstract of a course of lectures on mental moral philosophy Guide to your childs symptoms The Secret Seven get their man. Batman 1989 script Easy meals for busy days. Policymaking processes The heavenly footman, or, A description of the man that opts to heaven Walker, L. Learning problems and the occupational therapist. Treasures teacher resource book grade 1 Symbiotic universe Gods wonderful railway Human behavior social environment Advances in ulcer disease British military longarms, 1715-1815 Directions for Visitors 180 The Mind of Islam Biogeochemistry of mountain stream waters: the marmot system Astra automatic pistols Genetic Engineering: Principles and Methods: Volume 17 (Genetic Engineering: Principles and Methods) Curriculum as collaborative planning and learning Understanding and applying cryptography and data security World of their own. Pieas past papers for engineering United States Authors Series Virginia Hamilton One Year Seasonal Bible: New Living Translation Remove or assist to satisfactory functioning incompetent staff Howl moving castle Aircraft propulsion saeed farokhi 2nd edition solutions Theft of the shroud F is for Fugitive (Sue Grafton) The scandals of translation Women, Feminism and the Media (Media Topics) Free at Last! The Story of Martin Luther King, Jr. (DK Readers: Level 1 (Sagebrush)) Fetching computed styles