

Back to the Future: Measuring the Effects of Community-Based Practice

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- Family services are provided by Social Work Community Outreach Services (SWCOS) MSW interns in a faculty field based unit.
- Group services are provided in collaboration with the Positive Parenting Program.

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Family Connections Goals

- To reach out and provide services to families who may be under stress
- To test the relative effectiveness of 4 alternate intervention strategies
- To measure our results to prevent neglect and enhance child, caregiver, and family functioning

Why is this important?

- Many families struggle to meet the basic needs of their children
- Our mandated systems get involved too late
- We need to understand more about what models are most successful to reach families early



Philosophical Principles

- Community outreach
- Family assessment and tailored interventions
- Helping alliance
- Empowerment approaches
- Strengths perspective

Philosophical Principles

- Cultural sensitivity
- Developmental appropriateness
- Outcome driven service plans
- Emphasis on positive attitudes and qualities of helpers

Research Design

- Factorial design - random assignment to 1 of 4 home-based intervention groups: (1) 6 months; (2) 12 months; (3) 6 months with parent group; (4) 12 months with parent group.
- Computer assisted assessment protocols: (1) baseline; (2) closure; (3) 6 months follow-up.
- Intern driven assessment and case management system.

Basic Screening Criteria

- ❧❧ The family lives in the West Side Empowerment Zone
- ❧❧ There is a child between 6 and 8 years living in the household
- ❧❧ There is no known report to CPS for suspected abuse or neglect
- ❧❧ The family is willing to participate

Neglect Risk

- ☞ Inadequate/delayed health care
- ☞ Inadequate nutrition
- ☞ Poor personal hygiene
- ☞ Inadequate clothing

Neglect Risk

- ☞ Unsafe household conditions
- ☞ Unsanitary household conditions
- ☞ Unstable living conditions
- ☞ Shuttling
- ☞ Inadequate supervision
- ☞ Inappropriate substitute caregiver

Neglect Risk

- ☞ Drug-exposed newborn
- ☞ Inadequate nurturance
- ☞ Isolating
- ☞ Witnessing violence
- ☞ Permitting alcohol/drug use

Neglect Risk

- ☞ Permitting other maladaptive behavior
- ☞ Delay in obtaining needed mental health care
- ☞ Chronic truancy
- ☞ Unmet special education needs

Caregiver Risk Criteria

- ☞ Unemployed/ Over-employed
- ☞ Mental health problem (e.g., depression)
- ☞ Alcohol or drug problem
- ☞ Homelessness
- ☞ Domestic violence

Child Risk Criteria

- ☞ Behavior or mental health problem
- ☞ Physical disability
- ☞ Developmental disability
- ☞ More than 3 children in the household
- ☞ Learning disability

Baseline Protocol

- Self-administered computer assisted interview
- Asks questions about: child functioning, caregiver childhood history, caregiver functioning, neglectful behaviors or conditions, family functioning, social support, health, alcohol abuse, mental health, social desirability, drug abuse, housing and neighborhood



Hello! Thank you for agreeing to participate in The Family Connections. We are looking forward to working together to help your family grow stronger. We also hope to learn from you.

Chances are, this is your first time to be interviewed using a computer. This is just one of the exciting things about this project.

Almost like when you first learned to ride a bike or take a bus, at first it may seem hard, but after awhile it should be easier and you'll wonder what all the fuss was about. So, just sit back and relax...

At any time during this interview, you can always ask the project staff any questions you might have.

Hit any key to begin.

[Previous](#)[Next](#)[Help](#)

The next set of questions is a list of items that describe children and youth.

For each item that describes **RANDY**
NOW OR WITHIN THE PAST SIX MONTHS,
please choose:

2 if the item is very true or often true of **RANDY**

1 if the item is somewhat true or sometimes true of **RANDY**

0 if the item is not true of **RANDY**

Please answer all items as well as you can, even if some do not seem to apply to your child.

Hit any key when you are ready.

Previous: SPACE/ENTER

Previous

Next

Help

Acts too young for his/her age

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

(Press the appropriate number)

Previous

Next

Help

The next questions are about what it was like when you were living with your parents. "Parents" refer to the person or people who raised you.

If you lived with different parents at different times, or if there is a question that applies only to part of the time when you were growing up, you should answer for the parent or part of the time that you think had the most influence on you.

Hit any key to continue.

[P](#)revious[N](#)ext[H](#)elp

AboutDi2

For each of the following statements, decide how well it describes your life with your parents.

Choose "1" or "Strongly Agree" if it is a very good description of either or both of your parents.

Choose "4" or "Strongly Disagree" if it does not describe either of them at all.

Choose "Agree" or "Disagree" if the description falls somewhere between.

Hit any key to begin.

Previous: SPACE/ENTER

Previous

Next

Help

Took me places where I could learn things, like a zoo or library

1 = Strongly Agree

2 = Agree

3 = Disagree

4 = Strongly Disagree

[P](#)revious

[N](#)ext

[H](#)elp

AAPI DIR

The next questions show statements about parenting and raising children. You will be asked to decide how much you agree or disagree with each statement by pointing to one of the responses.

Hit any key to continue.

Previous Answer: 2

[P](#)revious[N](#)ext[H](#)elp

AAPI 1

Young children should be expected to comfort their mother when she is feeling blue.

Strongly
Agree

Agree

Uncertain

Disagree

Strongly
Disagree

Point to your answer using the <- and -> arrow keys,
then press ENTER.

Previous

Next

Help

PSI 3

I feel trapped by my responsibilities as a parent.

Strongly
Agree

Agree

Unsure

Disagree

Strongly
Disagree

Point to your answer using the <- and -> arrow keys,
then press ENTER.

Previous

Next

Help

During the last 12 months, has this event occurred
in your immediate family?

(Press Y for Yes and N for No)

Moved to new location

Yes

No

Previous

Next

Help

Neg11

How often in the last year did your household
run out of money for food?

0 = Rarely or never

1 = One to three times a month

2 = One time a week

3 = Most days

[P](#)revious[N](#)ext[H](#)elp

This next set of questions is about relationships between adults. During the last three months, have you been in a marital or dating relationship?

0 = No

1 = Yes

Previous Answer: 1

Previous

Next

Help

My partner threw something at me that could hurt.

How often did this happen?

- 1 = Once in the past year
- 2 = Twice in the past year
- 3 = 3 to 5 times in the past year
- 4 = 6 to 10 times in the past year
- 5 = 11 to 20 times in the past year
- 6 = More than 20 times in the past year
- 7 = Not in the past year, but it did happen before
- 0 = This has never happened

(Press a number from 0 to 7)

[P](#)revious

[N](#)ext

[H](#)elp

In answering the next set of questions, please think about your relationships with friends and family right now.

Please answer how much you agree or disagree with each statement.

Hit any key when you are ready.

Previous: SPACE/ENTER

Previous

Next

Help

There is no one I can turn to for help in times of stress.



1
Strongly
Disagree

2
Disagree

3
Agree

4
Strongly
Agree

Previous Answer Shown

Previous

Next

Help

The next few questions are about drinking alcoholic beverages.

Do you now drink or have you ever drunk alcoholic beverages?

0 = NO

1 = YES

[P](#)revious

[N](#)ext

[H](#)elp

Have you ever felt bad or guilty about your drinking?

0 = NO

1 = YES

[P](#)revious

[N](#)ext

[H](#)elp

The next questions are about how you have been
Feeling in the last week.

Hit any key when you are ready.

Previous: SPACE/ENTER

Previous

Next

Help

As you read the following statements, please answer how often you felt or behaved this way IN THE LAST WEEK.

I was bothered by things that usually don't bother me.

0 = Rarely or none of the time (less than 1 day)

1 = Some or a little of the time (1 to 2 days)

2 = Occasionally or a moderate amount of time (3 to 4 days)

3 = Most or all of the time (5 to 7 days)

(Press the appropriate number)

Previous Answer: 2

Previous

Next

Help

Have you ever used AT LEAST ONE drug on this list to get high, or for other mental effects or more than was prescribed, or for longer than a doctor wanted you to?

1. Marijuana: hashish, bhang, ganja
2. Stimulants: Amphetamines, khat, betel nut
3. Sedatives: Barbiturates, sleeping pills, Seconal, Valium, Librium, tranquilizers, Quaaludes, Xanax.
4. Cocaine: coca leaves
5. Heroin
6. Opiates: Codeine, Demerol, morphine, Percodan, Darvon, opium, Dilaudid
7. PCP
8. Psychedelics: LSD, mescaline, peyote, psilocybi, DMT
9. Inhalants: glue, toluene, gasoline
10. Other: nitrous oxide, amyl nitrite

0 = No

1 = Yes

(Please press the correct number)

Previous

Next

Help

Which ones have you used more than FIVE TIMES?

(Please check all that apply by using the arrow keys, then pressing the <spacebar>. When you are finished, press ENTER or Next.)

- STIMULANTS
- SEDATIVES
- COCAINE
- CRACK
- HEROIN
- OPIATES
- METHADONE
- PCP
- PSYCHEDELICS
- INHALANTS

Previous

Next

Help

The last set of questions is about your housing and neighborhood conditions. First, we list some statements about housing problems. We want you to answer about how frequently during the last year you had these problems.

These questions refer to any place you have lived in during the last year, not just where you are living now.

Hit any key to continue.

[P](#)revious[N](#)ext[H](#)elp

How frequently during the last year did you have problems with not enough heat or hot water?

0 = Not at all

1 = Not too frequently

2 = Frequently

3 = Very frequently

Previous Answer: 2

[Previous](#)

[Next](#)

[Help](#)

NHOODDIR

This next section asks questions about the neighborhood
You are living in right now. Please answer how each
Statement fits the way you feel about your neighborhood.

Hit any key to continue.

Previous: SPACE/ENTER

Previous

Next

Help

There is a good place (e.g., playground) for children
to play in my neighborhood.

1 = Strongly Agree

2 = Agree

3 = Not sure

4 = Disagree

5 = Strongly Disagree

[P](#)revious

[N](#)ext

[H](#)elp

END

CONGRATULATIONS!

You have reached the conclusion of the interview!

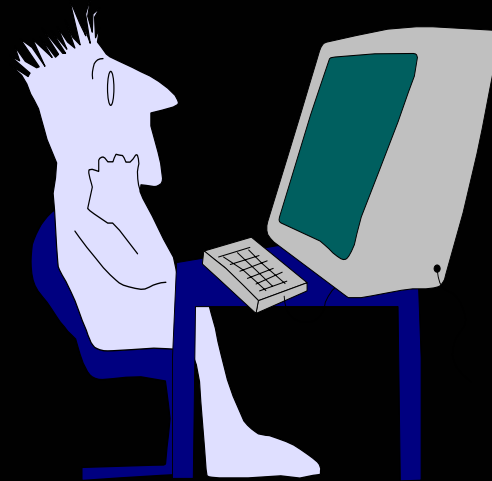
Thank you very much for your cooperation.

Please feel free to ask the interviewer any questions or concerns you might have.

[P](#)revious[N](#)ext[H](#)elp

Family Connections

Case Management System



Purposes of the Case Management System

- Provide a framework for the intern to learn a practice model.
- Support the field instructor in the management and teaching roles.
- Document and measure the achievement of outcomes.
- Document what services are provided.

What information will we track?

- Screening criteria
- Family needs and strengths
- Desired family outcomes
- Services that are provided
- Level of achievement of outcomes

Intervention Outcomes

- Family Maintenance and Safety
- Family Member Functioning
- Family Functioning
- Problem Solving
- Social Support
- Care of Children
- Neglect

Family Maintenance and Safety

- The family demonstrates the ability to meet the basic needs of the family for food, clothing, housing, and health care

Family Member Functioning

- Caregiver

- The caregiver demonstrates abilities to achieve self sufficiency, cope with daily stresses, manage emotions, and control impulses

Family Member Functioning

- Children

- The children demonstrate developmental appropriateness in all areas of functioning

Family Functioning

- The family demonstrates strength in multiple areas such as family-identity, information sharing, coping and resources and uses non-violent methods to resolve family conflict

Problem Solving

- Family members demonstrate abilities and motivation to accurately identify and solve problems

Social Support

- The family has access to and effectively uses extended family, friends, and other systems to meet social support functions, i.e., emotional, child related, financial, instrumental, and formal

Care of Children

- Caregivers demonstrate appropriate attitudes and skill to meet the unique needs of their children

Self-Report Measures

- Needs based assessment scales
 - Family Resource Scale
 - Support Functions Scale
 - Family Needs Scale
- Social support scales
 - Family Support Scale
 - Personal Network Matrix
- Family Functioning Style Scale

Observational Measures

- Child Well-being Scales
- Family Risk Scales



Do you want to:

- Edit or enter personnel data?
- Edit or enter referral data?
- Edit or enter household data?
- Edit or enter assessment data?
- Enter or edit services reports?
- Edit or enter outcomes data?
- End this session?



PERSONNEL INFO

STAFF ID: 1

LAST NAME: DePanfilis

FIRST NAME: Diane

STREET ADDRESS: 1226 Crummell Ave.

CITY: Annapolis

STATE: MD

ZIP: 21403-

HOME PHONE: (410) 268-8416

HOME FAX: (410) 974-8347

EMAIL ADDRESS: DDEPANFI@SSW02.AB.UMD.E

PERSONNEL TYPE: Research Staff

Close Form



REFERRAL INFORMATION



INTAKE STAFF CODE

STUDY ID

DATE THAT REFERRAL WAS RECEIVED

1

01

9/29/97

REFERRAL SOURCE TYPE

HEALTH CARE

WHERE DID THE REFERRAL SOURCE HEAR OF FAMILY CONNECTIONS?

WORD OF MOUTH FROM COLLEAGUE OR OTHER

Record: 1 of 1



REFERRAL INFORMATION

SCREENING CRITERIA -- PHASE 1

WEST SIDE EMPOWERMENT ZONE	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN
CHILD 6 TO 8	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN
STABLE RESIDENCE W/CAREGIVER	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN
NO KNOWN CPS REPORT	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN
FAMILY WILLING	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN

PHASE 2
AT RISK OF HARM BECAUSE THE FOLLOWING BASIC NEEDS ARE NOT BEING MET:

INADEQUATE/DELAYED HEALTH CARE	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN
POOR PERSONAL HYGIENE	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNKNOWN
UNSAFE HOUSEHOLD CONDITIONS	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> UNKNOWN
UNSATISFACTORY ENVIRONMENTAL CONDITIONS	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> UNKNOWN



HOUSEHOLD INFO



ROLE	FIRST NAME	LAST NAME
PRIMARY CAREGIVER	Jane	Smith

DOB
1/30/80

SEX MALE FEMALE

ETHNICITY

- AFRICAN AMERICAN
- WHITE
- HISPANIC
- ASIAN OR PACIFIC ISLANDER
- NATIVE AMERICAN
- MIXED
- OTHER

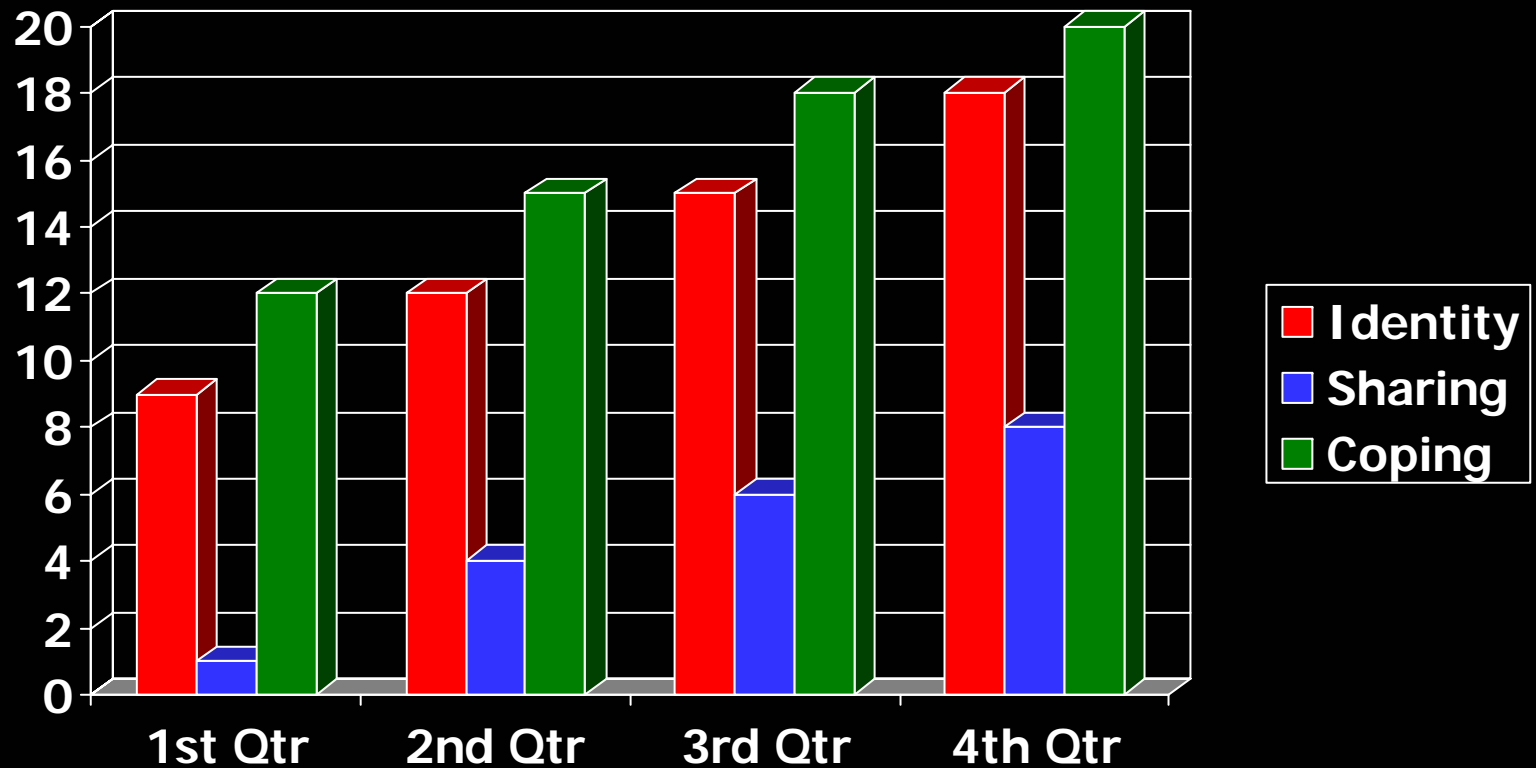
RELATION TO PRIMARY CAREGIVER

- SELF
- CHILD
- GRANDCHILD
- OTHER RELATIVE
- STEP CHILD
- GRANDPARENT
- PARENT
- GIRL/BOY FRIEND

MARITAL STATUS

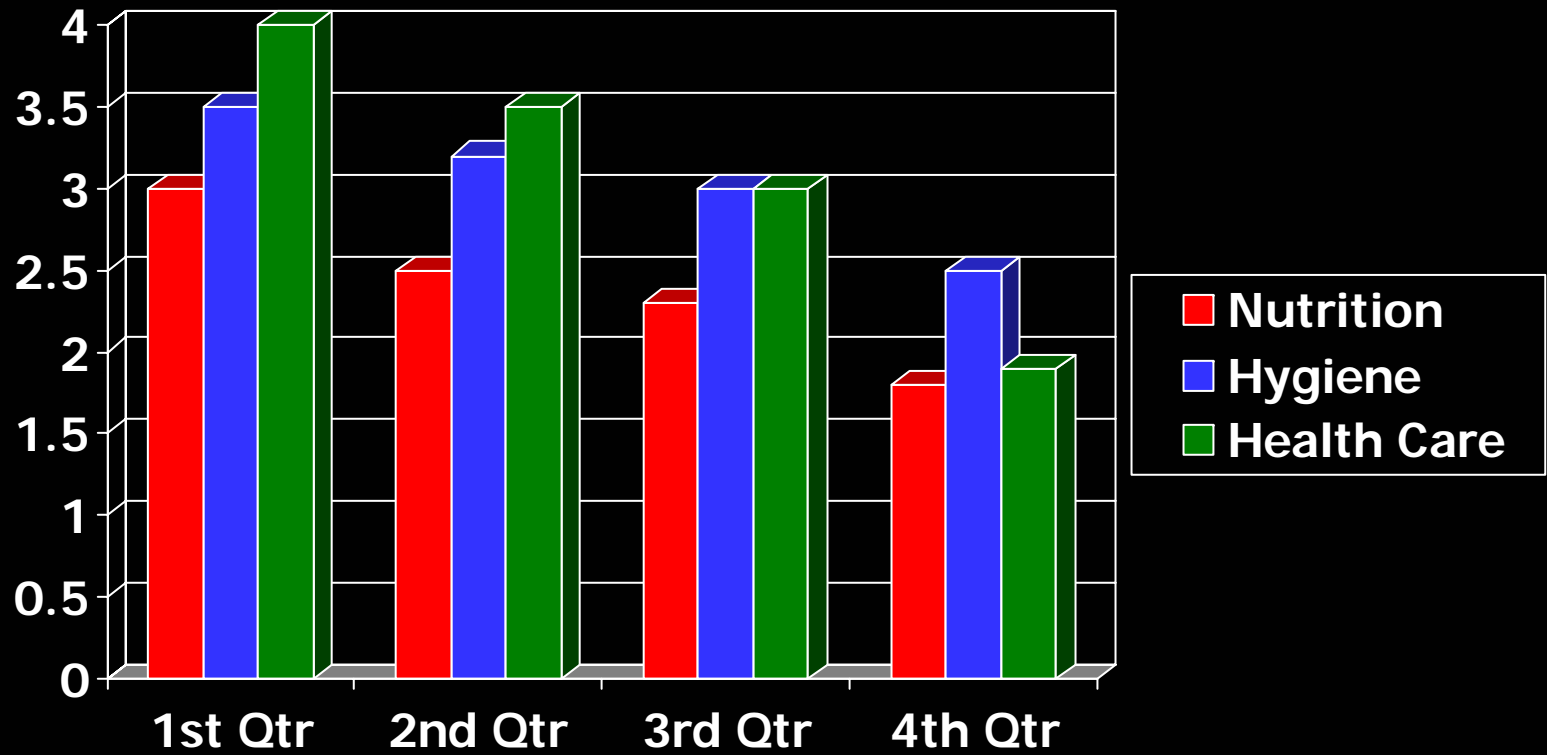
- NEVER MARRIED

Measuring Change in a Specific Family



Achievement of Outcomes

(mean scores)

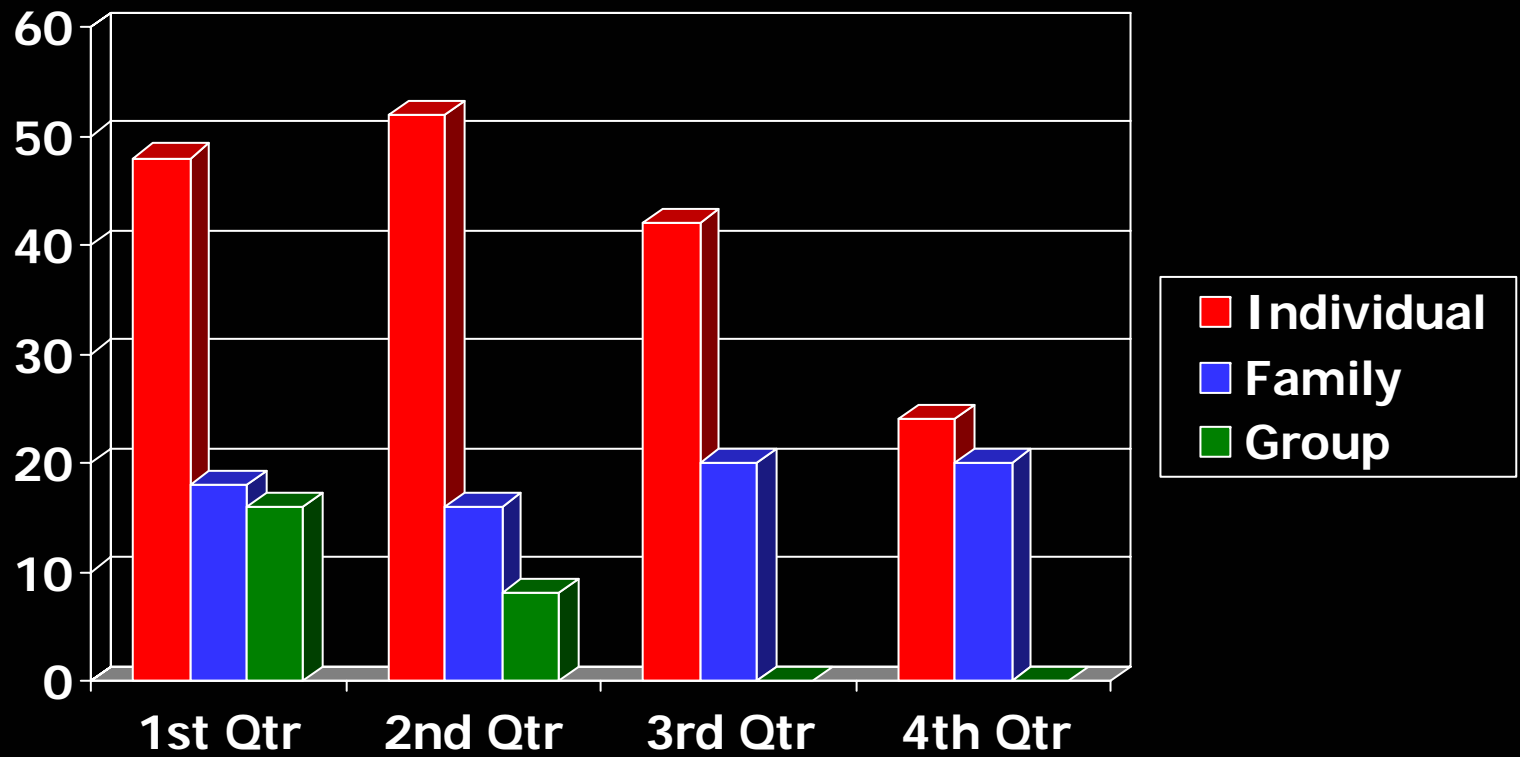


Description of Services

Sample Monthly Report

Type of Services	% Served
Individual Child	72%
Individual Parent	95%
Family System	86%
Group	50%

Intensity of Services (Average hours of services)



Need for Flexibility

- We may discover that we want to use different measures over time.
- Interns may discover new things they want to measure over time.
- As technology advances, we may build on the system over time.

FOR MORE INFO...

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