

Demonstrated Effective Intervention: Preventing Neglect in At-Risk Families

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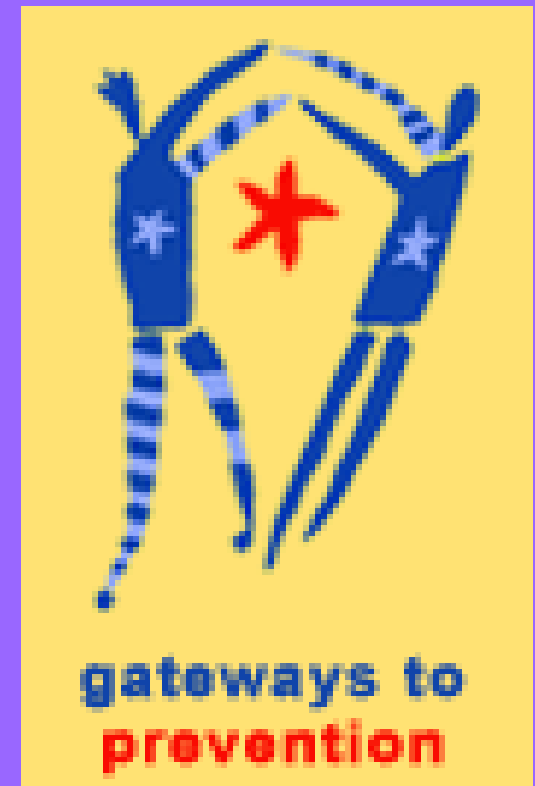
Our Agenda



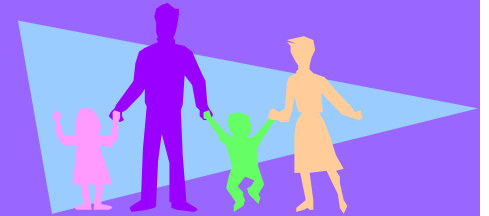
- Program Description
- Engagement
- Assessment
- Treatment Approaches

Family Connections based in Prevention Science Framework

- Increase protective factors
- Decrease risk factors



Target Population



- **Geographic location**
 - The family lives in the West Baltimore Empowerment Zone
- **Family demographics**
 - Child between 5 and 11 years living in the household
- **Basic needs may be unmet**
- **Presence of at least 2 risk factors**
- **Voluntary status**
 - There is no current CPS involvement
 - The family is willing to participate

Study sample: Caregiver demographics

- **154 families**
- **86% African American**
- **Mean age= 39 years old**
- **98% female (151 females, 3 males)**
- **58% unemployed, 19% employed full-time, 8% employed part-time, 10% in training, 5% retired**
- **5% married, 65% never married, 13% separated, 10% divorced, 7% widowed**
- **62% had less than high school degree**

Study sample: Child demographics

- **Average number of children in families = three**
 - 17% have one child
 - 25% have two children
 - 27% have three children
 - 31% have four or more children
- **Mean age = 9 (range 1 month to 21 years)**
- **49% female and 51% male**
- **Relationship to caregiver**
 - 78% are children
 - 14% are grandchildren
 - 8% are other relative

Data Analysis

Repeated Measures Analysis

- Assess change over time
- Baseline → Closing → 6-month Follow-up
- Comparison of length of service- 3 months vs. 9 months

Conclusions

- **Analyses suggest that intervention may have an effect on:**
 - **Reducing Risk Factors**
 - depressive symptoms
 - parenting stress
 - life stress
 - **Increasing Protective Factors**
 - parenting attitudes and satisfaction
 - social support

AND.....

Conclusions

- Differences in change over time between groups in:
 - Caregiver depressive symptoms
 - Child behavior
- No differences between groups in other domains (e.g., parenting stress, life stress, parenting attitudes, social support, household safety).

Conclusions

- **Results suggest improvement in targeted outcomes:**
 - **Child Safety**
 - decreased CPS involvement
 - fewer housing problems
 - improved mental health care
 - enhanced parental teaching of children
 - **Child Well Being (Behavior)**
 - decreased externalizing behavior and internalizing behavior
- **Most positive effects endure six months following case closure.**

Round Two

- Replication of the program with different target populations in different geographic locations.
 - DHHS, ACYF Funding Announcement Priority area 2003D.1 Replication of Demonstrated Effective Practices in the Prevention of Child Abuse and Neglect.
 - 8 cooperative agreements

Statistics



- Chronicity

- 62% of mothers still had CM problems after 4 years of treatment (Ethier,2004)

- Recidivism

- “pure” neglect cases had recidivism that included neglect (Johnson-Reid, Drake, Chung, & Way, 2003)
 - (41.1% Victim)
 - 37.7% (Perp)
 - SA: 11.4/12.7
 - PA: 22.1/22.4
 - EA: 9.9/9.7

Don't pack up!



Factors that Positively Influence Retention

(Daro, McCurdy, Falconnier, & Stojanovic, 2003; Daro, McCurdy, & Nelson, 2005; Dawson & Berry, 2002; MacLeod & Nelson, 2000; Littell & Tajima, 2000; Rooney, 1992)

- Individual
- Provider
- Program
- Neighborhood



Individual Factors

- Voluntary enrollment – sought out program
- “Subjective experiences are apparently more significant in retention decisions than a participant’s objective experiences.” (Daro, McCurdy, & Nelson, 2005)
- Feel connected with home visitor

Provider Factors

- Provision of appropriate information
 - Clear understanding of services/roles
- Listens and encourages clients
- Supportive. non-punitive
- Supplies positive reinforcement
- Makes specific rather than vague requests
- Seeks overt commitments from clients
- Provides training in performing tasks
- Selects tasks that require little discomfort/difficulty

More!

- Ensures client participation in selection and design of tasks (engages clients in the planning process)
- Greater amount of direct contact time
- Similar race/ethnicity and parenting status
- Experienced workers
 - Specifically empathy, trust, genuineness
 - Willing to help and be with the family
- *Which of these or other factors have held true for you?*

Program Factors

- Immediate contact (<3 days)
 - (27% - 100%)
- Manageable caseloads
- Services include practical and relevant interventions
 - Skill building rather than therapeutic insight
- Intervention strives for long-term changes
- Services provided in the home
- Services provided on a regular basis

More Program Factors

- Delivery of concrete services
 - The wider the range the better
- Reputation within neighborhood and professional community
- Adherence to best practices
- Fidelity to model
- Repeated Attempts
 - Modality: telephone, letter, in-person, partnering with referral source
 - *when does persistence overlap with perceptions/feelings of harassment???*

Neighborhood Factors



- Integration between local culture and service delivery

Structured Risk Assessment

(adapted from Ryan, Wiles, Cash, & Siebert, 2005 ; Cowen, 1999 Children's Bureau of Southern California, 1997; Magura & Moses, 1986)

- Maltreatment Pattern
- Living Conditions
- Resources and Supports
- Caregiver Knowledge and Functioning
- Family Composition and Functioning
- Caregiver-Child Interactions
- Child Characteristics

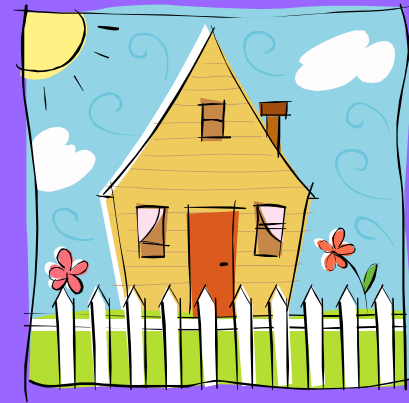
- *Combination of self-report and observation*

Maltreatment Pattern

- Frequency
- Duration
- Chronicity
 - Prior CPS
 - Prior Trauma Hx
- Severity
- Potential Consequences to child development
- Degree of Danger

Living Conditions

- Household Furnishings
- Overcrowding
- Security of Residence
- Availability of Utilities
- Physical Safety of Home
- Cleanliness and Orderliness



Resources and Supports

- Finances- employment, stress, management
- Available/Accessible supports
 - Resources (child care, substitute care, medical care...)
 - Financial
 - Emotional
 - Transportation
- Compatibility of resources with family and culture

Caregiver Knowledge & Functioning



- Parenting
- Substance Use
- Mental Illness/Mental Health Care
- Trauma History
- “Criminal” History
- Educational/Employment History
- Level of Cooperation
- Willingness to Protect
- Recognition of needs

Family Composition & Functioning

- Interactions between Caregivers
 - Problem solving
 - Managing Stress/ Conflict (DV?)
 - Communication
- ## of caregivers



Caregiver- Child Interactions

- Comprehension of Child development
 - Developmental stimulation (play items and area; enriching/learning environment)
- Routines
- Age-appropriate supervision
- Discipline & Authority
 - Type and consistency
- Attachment
- Communications
- Attitudes towards roles and each other

Child Characteristics

- Age
- Placement/role in family
- Physical Health Care
- Nutrition/Diet
- Clothing
- Personal Hygiene
- Mental Health Care
- Internal and external behaviors
- School behaviors (academic & social)
- Health and Development
- Temperament
 - Introverted, extroverted, high activity, persistent, demanding...

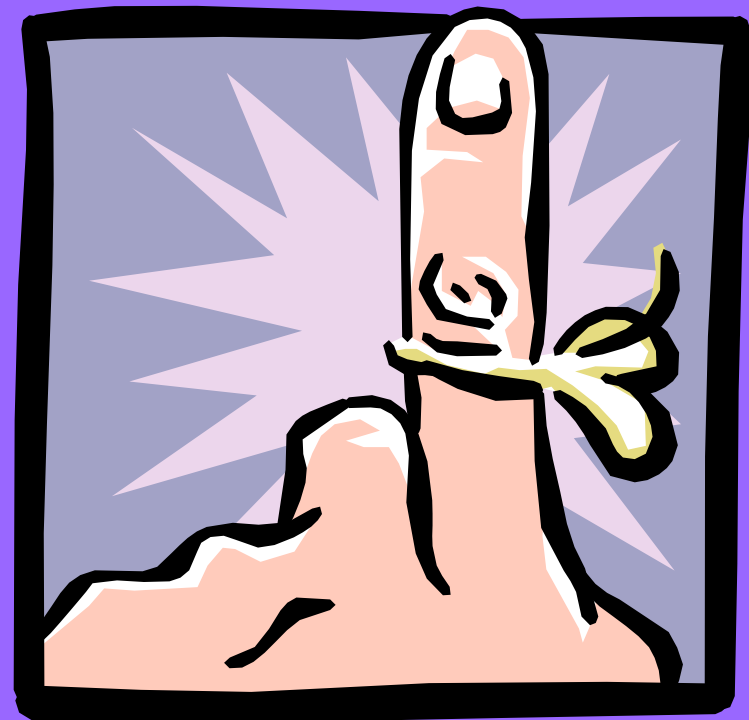


Intervention: General Thoughts

- Strengths-based
- Partnership/Helping Relationship
- Empowerment Approach
- Culturally Competent
- Developmentally Appropriate
- Outcome-Driven

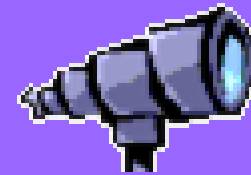
Remember...

- There have been very few sole neglect intervention effectiveness studies. (Dufour & Chamberland, 2004)
- Be realistic about the number of visits and the number of goals!
- Need for multiple intensive programs throughout their lifespan.



Intervention Focuses

- Resource Provision
- Social Support
- Individual
- Family
- Service Facilitation



Concrete Resources

- Increases self-esteem
- Increases family well-being
- Establishes rapport
- Allows family to work on other issues



Social Supports

- Strengthen
 - ID barriers (phone, car, child care, community)
- GAUDIN P 576
- Social support groups
- Recreation programs
- Cultural festivals/activities
- Connections to faith based organizations

Individual

- Skills & Basic Needs
 - Parenting
 - Child Issues
 - Developmental Counseling
 - Cognitive Restructuring
 - Stress Management
 - Substance Use
 - Mental Health Counseling
- Not always a clear delineation



Skills & Basic Needs

- Modeling repairs, cleaning, etc.
- Health & nutrition planning
- Job skills
- Negotiating community resources
- Relationship building
- Problem solving
- Home safety and sanitation practices
- Health care (prevention, recognition & response)

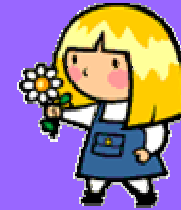
Parenting

- Concrete, problem-focused
- Developmental stimulation
- Child Development
- Bi-directional parent-child relationship
- “Classes”
 - Effectiveness/timing
 - Social aspect
- Parental coping





Child Issues



- Connection with recreational, early childhood programs, medical, educational services
- Substance abuse prevention/intervention
 - Neglected teens have less parental supervision and emotional support and are less resistant to peer pressure (Clark, Thatcher, & Maisto, 2004)
- Therapy (with parental involvement!)
 - Attachment
 - Empowerment, devalued sense of self, mistrust of others, negative attributions, wariness of close relationships...
 - Pro-social functioning
 - Maladaptive behaviors

The Last Four!

- Developmental Remediation
 - Trauma resolution
- Cognitive Restructuring
 - Apathy-futility syndrome (Polansky, et al, 1981)
 - Sense of hopelessness, nothing is worthwhile, emotional numbness, intense loneliness
- Mental Health
 - Depression and other!
- Substance Use

Family



- Group Conferencing promotes
 - decision making in the family
 - effective communication patterns
 - Re-assignment of role tasks within family
- Center based family therapy
- Nurturing family camps
- Multi-family events

Service Facilitation



- Not all services can be provided through one agency, but simply handing a client a referral slip will not get the job done!

Final thoughts

- Remain outcome-driven amidst the crises
- Instill hope
 - “You have the inner strength and coping skills.”
- Be mindful of chronicity
 - “Reconnecting with services is not a failure, its actually positive that you identified a need and took action.”
- Take Care of Yourself



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