



Prevention of Child Abuse & Neglect

Key Note Address

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Purpose of this Presentation

- Using principles from prevention science, this key note will:
 - trace what we know about each prevention science phase using examples from 2 programs and
 - conclude by identifying effective and promising strategies for preventing child abuse and neglect.

Types of Prevention Strategies

- *Universal* strategies designed to prevent precursors of child maltreatment in the general population.
- *Selective* strategies designed to target groups or subsets of the general population based on risk factors.
- *Indicated* strategies designed for children and families identified with maltreatment problems.

Prevention Science

- Built on the premise that there are empirically identifiable precursors to public health and social problems



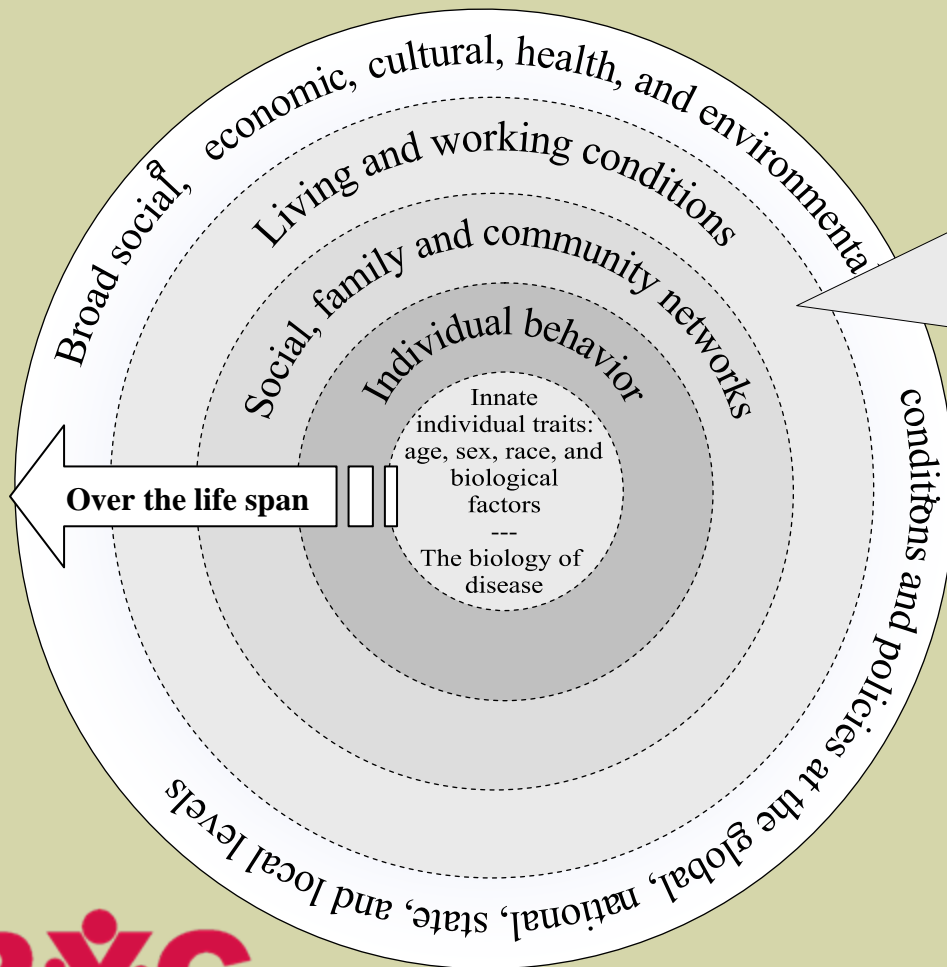
Goals of Prevention Strategies:

- **Decrease risk factors**
(precursors that increase the likelihood of neglect)
- **Increase protective factors**
(moderators, reducing the effects of risk exposure)



Approach and rationale

Builds on a public health model



Living and working conditions may include:

- Psychosocial factors
- Employment status and occupational factors
- Socioeconomic status (income, education, occupation)
- The natural and built^c environments
- Public health services
- Health care services

Source: Institute of Medicine (2002). *Future of the Public's Health in the 21st Century*. Washington, DC: Author.

Prevention Science Framework

- Based on the public health approach has four broad steps:
 - Define and describe the problem,
 - Identify risk and protective factors,
 - Design and conduct pilot efficacy studies & replication trials of preventive intervention programs;
 - Design & conduct large-scale, randomized clinical effectiveness trials; and
 - Facilitate the dissemination, adoption, and ongoing evaluation of programs in community service settings.

First Step:



- Epidemiology of child abuse & neglect
 - Develop understanding of extent, nature, effect of child abuse & neglect

Trends in child protection data

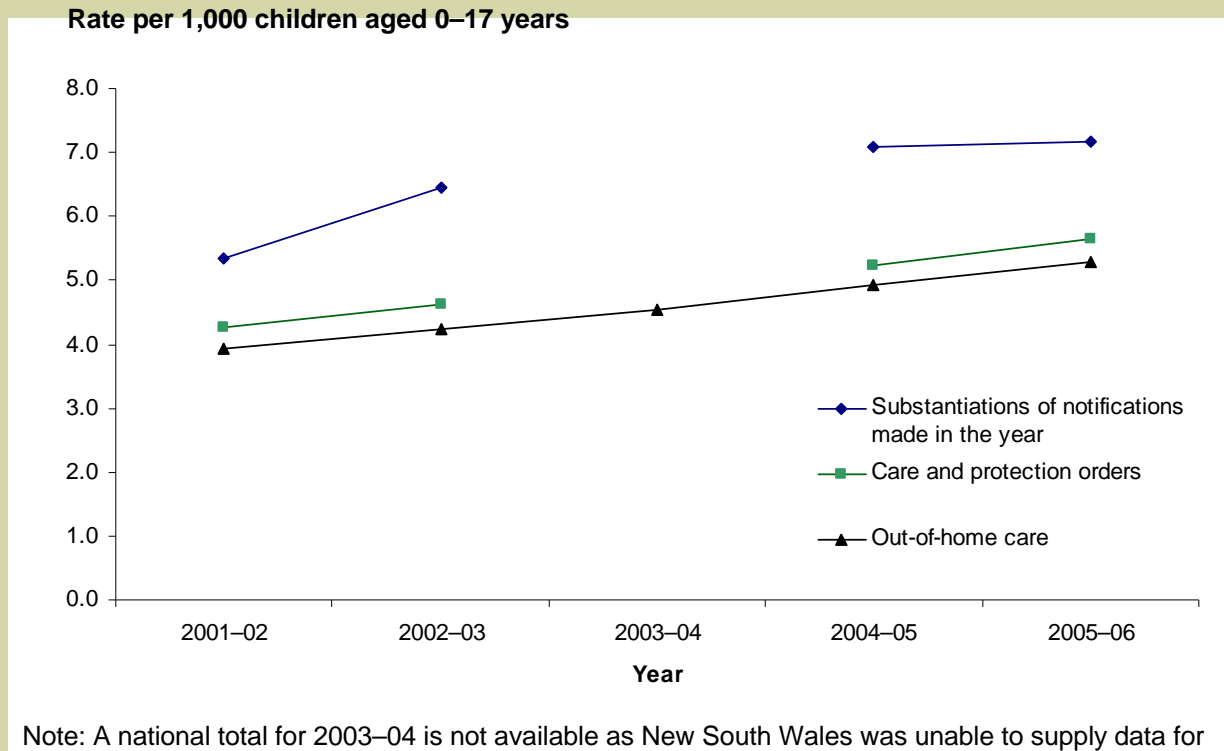
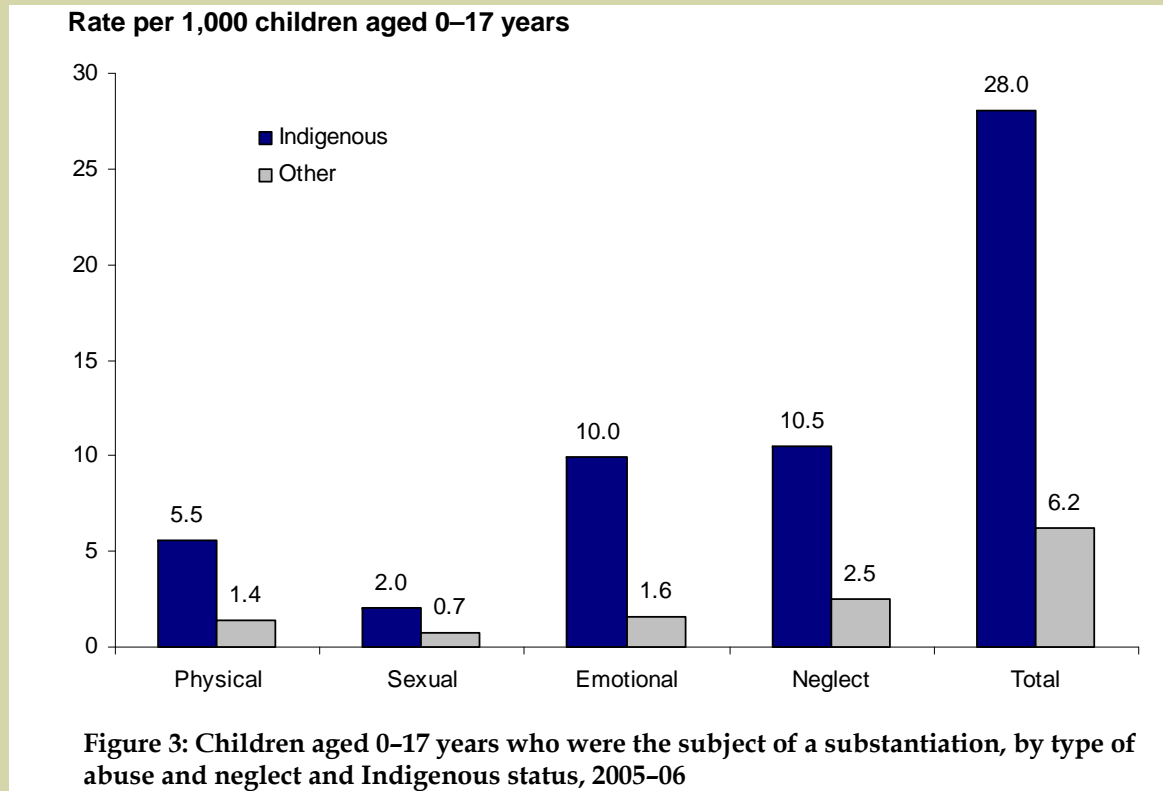


Figure 1: Rates per 1,000 children aged 0–17 years in the child protection system, 2001–02 to 2005–06



Type of abuse or neglect



Indigenous children in child protection

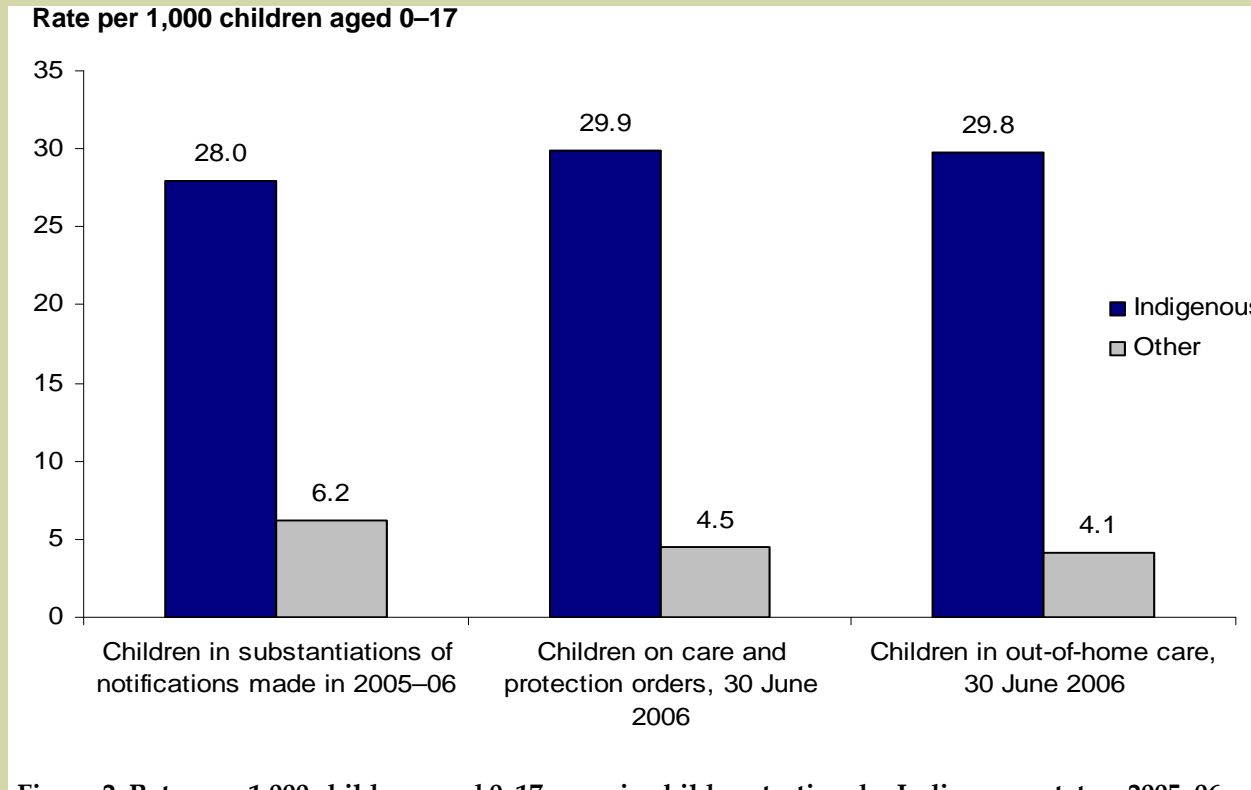
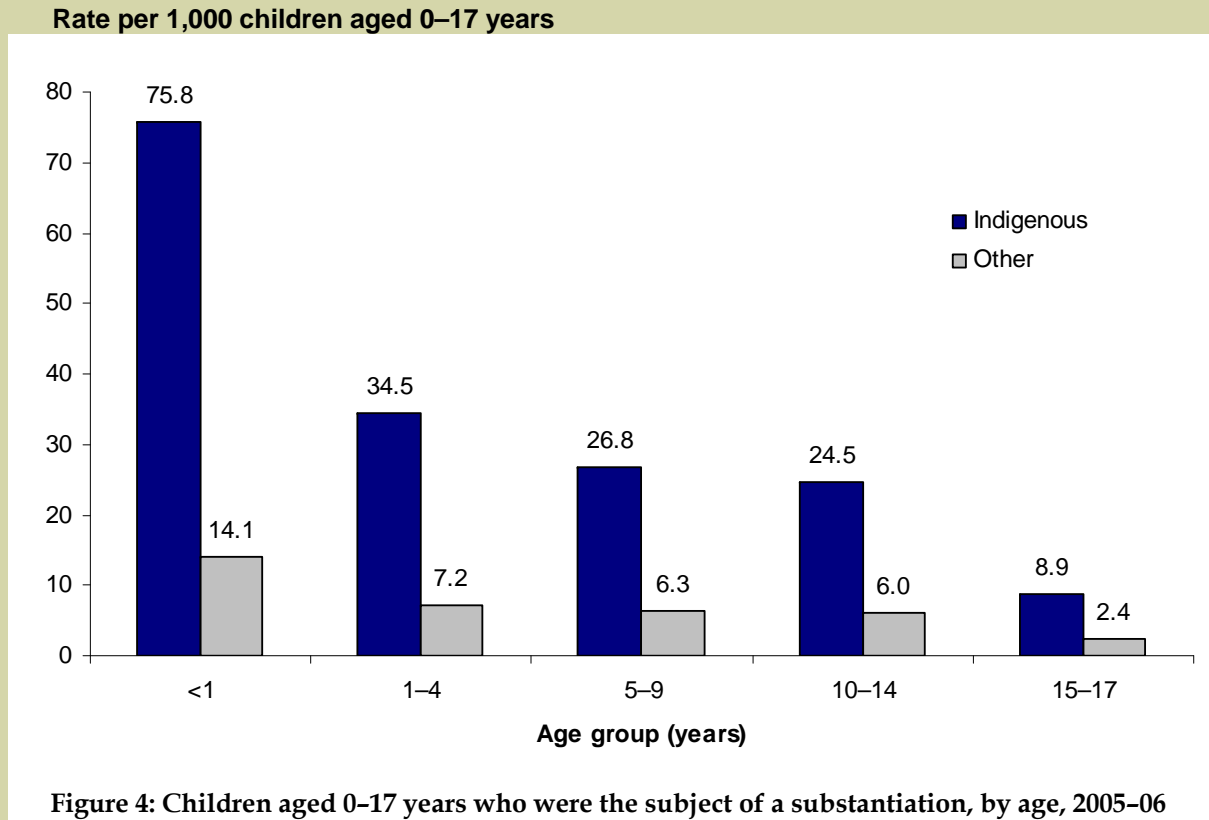


Figure 2: Rates per 1,000 children aged 0–17 years in child protection, by Indigenous status, 2005–06



Age of children in substantiations



Issues for children and young people in or leaving child protection

- Children and young people leaving care may face issues such as unemployment, homelessness, ill health more than the general population
- Although overall health and wellbeing of children in care is good, mental illness and behavioural problems are more common than for other children
- Educational outcomes
- Costs of transition



Limitations of the data: What's not captured?

- Child protection data are not a reliable indicator of the incidence of child abuse and neglect
- Child protection data reflect activity within child protection services in Australia
- Some issues are not captured by the data that could shed more light on child protection activity



Summary

- The national child protection data is an aggregate collection of administrative data
- Over the last five years, the numbers of children involved in child protection appear to have steadily increased
- Indigenous children are over-represented in all areas of child protection
- Emotional abuse is the most common form of abuse
- Children aged under 1 year are substantiated at a higher rate than other children
- There are many factors which may lead children and families into coming into contact with child protection
- Whilst health and wellbeing of children in care and transitioning from care is generally good, many face a number of issues during and after their time in care



Second Step:



- Develop knowledge about risk and protective factors related to child abuse & neglect

Families that come into contact with child protection services

No one cause, factors commonly associated include:

- Domestic / family violence
- Parental mental health issues
- Parental drug and alcohol misuse
- Poverty
- Social isolation
- Early child bearing
- Large families
- Poor parenting skills
- Children with health, disability or behavioural problems
- A co-occurrence of these issues



(Sample) Protective Factors

- Supportive caregiver-child relationships
- Positive discipline methods
- Close monitoring & supervision of children
- Coping strategies by adults & children
- Social support & community connections
- Spirituality
- Cultural roots
- Economic stability

Third Step:



- Design and conduct pilot efficacy studies and replication trials of preventive intervention programs geared to:
 - Enhance protective factors
 - Reduce risk factors

Use methods to systematically review the evidence

- about what works best to enhance protective factors & decrease risk factors



Example: Family Connections

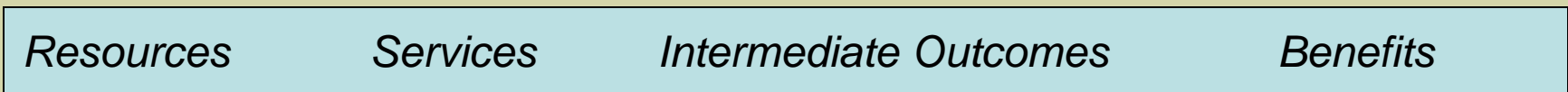
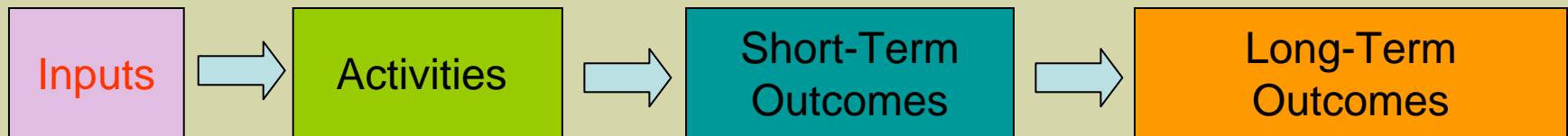


- Family Connections was specifically designed to:
 - reduce risk factors associated with neglect and
 - enhance protective factors that may help families more adequately meet the basic needs of their children.

Design & Implement Test of Efficacy

- Important Steps:
 - Clearly define target population with inclusion & exclusion criteria
 - Establish a logic model that clearly articulates the program model and how it will influence the targeted outcomes

Simple Logic Model



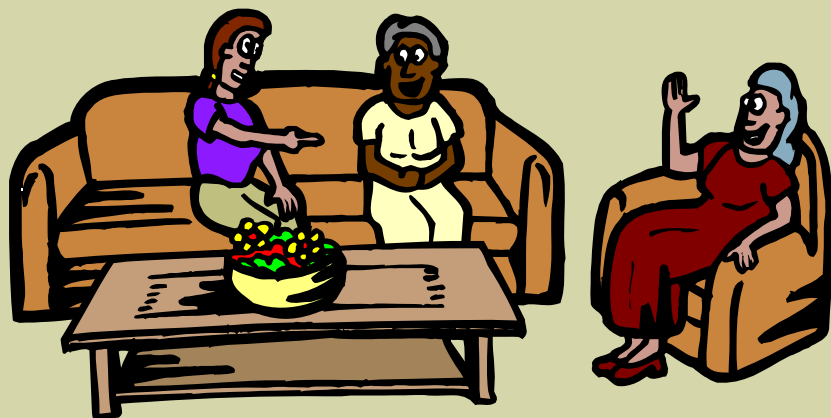
*OCAN
*Annie E. Casey
*DHR
*Title IVE

*Emergency Services
*Family Assessment
*Service Planning
*Advocacy
*Multi-Family groups

Enhance Protective Factors
Decrease Risk Factors

Child Safety
Child Behavior

Document a program model based on the best available evidence



*Bond, et. al. (2000).

- A well defined set of prescribed interventions and procedures.*
 - More complex to define these procedures when the intervention is home based and depends on skills of the practitioner and when multiple methods are employed.

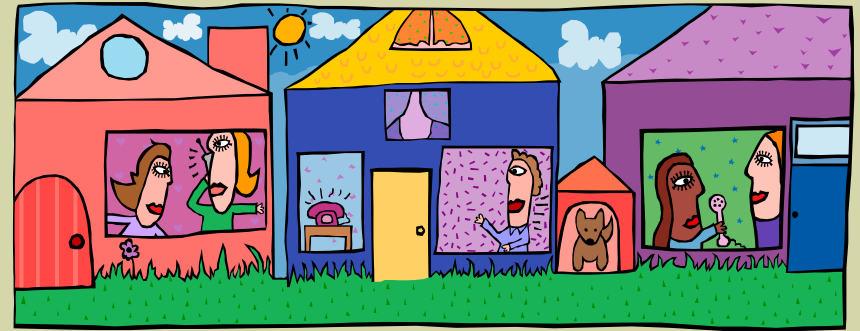
Intervention Manual



- Specifies
 - Theory
 - Practice Principles
 - Process (outreach, engagement, assessment, planning, tailored outcome driven case plans, intervention strategies, methods for evaluating change).

Intervention

- Multi-model intervention: Individualized services geared to increase protective factors and decrease risk factors.
- Practitioners use an Intervention manual to guide & tailor service delivery.



Philosophical Principles

- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths based
- Cultural competence
- Outcome-driven service plans

Supporting families to meet the basic needs of children

- Adequate food and nutrition
- Supervision
- Health care
- Protection
- Education
- Nurturance & love
- A home



Focus on Practitioner

- Teaching model and skills
- Coaching and mentoring
- Individual and group supervision
- Routine in-service
- Emphasis on fidelity of implementation



Words of wisdom

Mastery. . .

“Excellence is
not an act,
but a habit.”

- Aristotle



Initial Intervention Research Questions

- **Is there change over time in:**
 - **risk factors?**
 - **protective factors?**
 - **child safety or well being outcomes?**

Initial Intervention Research Questions

- **Does length of services affect change over time in:**
 - **risk factors?**
 - **protective factors?**
 - **child safety or well-being outcomes?**

Intervention: Random assignment

- 3-Month Intervention
 - Emergency assistance
 - Home based counseling services
 - Family Assessment
 - Outcome driven service plans
 - Service Referrals
 - Service coordination and facilitation
- 9-Month Intervention
 - Emergency assistance
 - Home based counseling services
 - Family Assessment
 - Outcome driven service plans
 - Service Referrals
 - Service coordination and facilitation

Summary Results: Risk Factors

- Comparing all caregivers baseline to 6 months post intervention, significant reduction in:
 - Risk Factors ↓
 - Caregiver depressive symptoms
 - Parenting stress
 - Life stress

Summary Results: Protective Factors

- Comparing all families baseline to 6 months post intervention, significant increase in:

Protective Factors ↑

- Parenting attitudes
- Parenting satisfaction
- Social support

Summary Results: Child Safety

- Significantly Improved **Physical Care**
 - Household furnishings
 - Overcrowding
 - Household sanitation
- Significantly Improved **Psychological Care**
 - Mental health care
 - Caregiver teaching stimulation of children
- Fewer **CPS reports** & CPS indicated reports

Summary Results: Child Behavior

- Comparing all families baseline to 6 months post intervention, significant decrease in: ↓
 - Total behavior problems
 - Internalizing behavior problems
 - Externalizing behavior problems

Results: 3 vs. 9 Month Group Comparison

- 9 month intervention demonstrated greater improvement than the 3 month group in:
 - Child behavior
- No differences between groups in other domains (e.g., parenting stress, life stress, parenting attitudes, social support, household safety)

Replication of Family Connections

- Formal replication in 8 sites in the U.S. with support from the U.S. DHHS Children's Bureau
- Cross-site evaluation of implementation process, fidelity, cost, & outcomes

(Current Stage)

Similarities Among the Sites

- All projects planned to implement FC and adhere to agreed upon fidelity criteria:
 - Philosophical Practice Principles
 - Intervention Activities/Core Service Components
 - Administrative Activities
 - Professional Development Activities
 - Research and Evaluation

Differences Among the Sites

- Urban & rural
- Racial and ethnic
- Ages of children
- Evaluation designs

Fourth Step:



- Design and conduct large-scale, randomized clinical effectiveness trials



Example

- Testing the Triple P-Positive Parenting Program



Triple P is a system of easy to implement, proven parenting solutions that helps solve current parenting problems and prevents future problems before they arise.

Snapshot: Triple P

- Multi-level system of parenting and family support
 - Provided individually, in a group, or a self-directed format.
 - Incorporates 5 levels of intervention on a tiered continuum of increasing strength for parents of children from birth to age 16
 - Targets 5 different developmental periods

Research: Triple P

- Randomized Controlled Trial with 305 families in Australia
 - Eligible families had at least 1 risk factor
 - Families were randomly assigned to standard **Triple P**, enhanced **Triple P**, self-directed **Triple P**, or a wait list. Provided individually, in a group, or a self-directed format.
 - Summary Results – 2 practitioner assisted interventions associated with lower levels of disruptive child behavior & dysfunctional parenting & greater parenting competence

Sander, Markie-Dadds, Tully, & Bor (2000).

Research: Triple P

- Randomized Controlled Trial with 69 families in Hong Kong
 - Families were randomly assigned to *Triple P* or a wait list.
 - Summary Results – Triple P was associated with lower levels of child behavior problems & dysfunctional parenting & higher sense of parenting competence compared to controls

Leung, Sanders, Leung, Mak, & Lau, (2003).

Research: Triple P

- Randomized Controlled Trial with 87 families in Australia
 - Families with one child with ADHD were randomly assigned to 1 of 3 conditions: Enhanced ***Triple P***, ***Standard Triple P***, or a wait list control.
 - **Summary Results** – Both **Triple P** interventions were associated with lower levels of child behavior problems & dysfunctional parenting & higher sense of parenting competence compared to controls. **Enhanced Triple P** was also associated with less observed negative child behavior.

Bor, Sanders, & Markie-Dadds, (2002).

Research: Triple P

- Randomized Controlled Trial with 42 families in Australia
 - Families were randomly assigned to a group version of **Triple P** or a wait list.
 - Summary Results – Triple P was associated with lower levels of disruptive child behavior & dysfunctional parenting & higher levels of self-efficacy in managing home and work responsibilities.

Martin & Sanders, (2003).

Research: Triple P

- Randomized Controlled Trial with 47 families in Australia
 - Families with children with intellectual or adaptive functions below age norms were randomly assigned to an adapted version of ***Triple P*** or a wait list.
 - Summary Results – Triple P was associated with fewer child behavior problems, improved maternal and paternal parenting style, and decreased maternal stress.

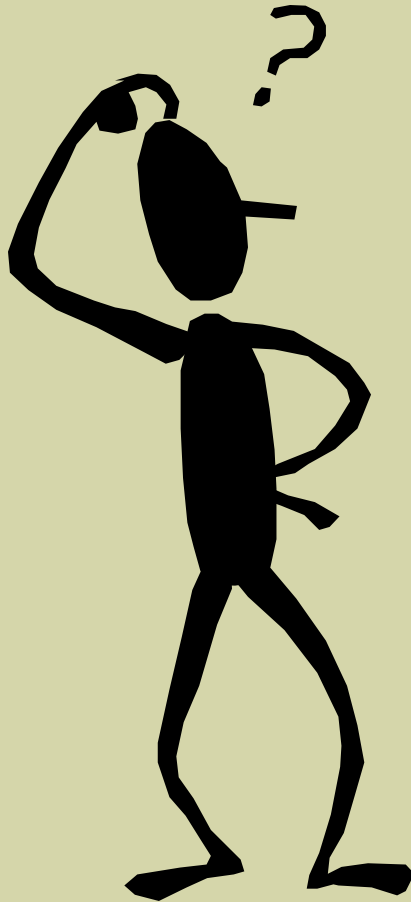
Roberts, Mazzucchelli, Studman, & Sanders, (2006).

Research: Triple P

- Randomized Controlled Trial with 51 Indigenous families in Australia
 - Families were randomly assigned to an adapted version of ***Triple P*** or a wait list.
 - Summary Results – Triple P was associated with decreased rates of problem child behavior and less reliance on some dysfunctional verbal parenting practices. No difference on parental over-reactivity or permissiveness. Effects were primarily maintained over 6 months.

Turner, Richards, & Sanders (2007).

Fifth Step:



- Facilitate the dissemination of results, adoption, and ongoing evaluation of community based programs clinical trials

Example: Triple P

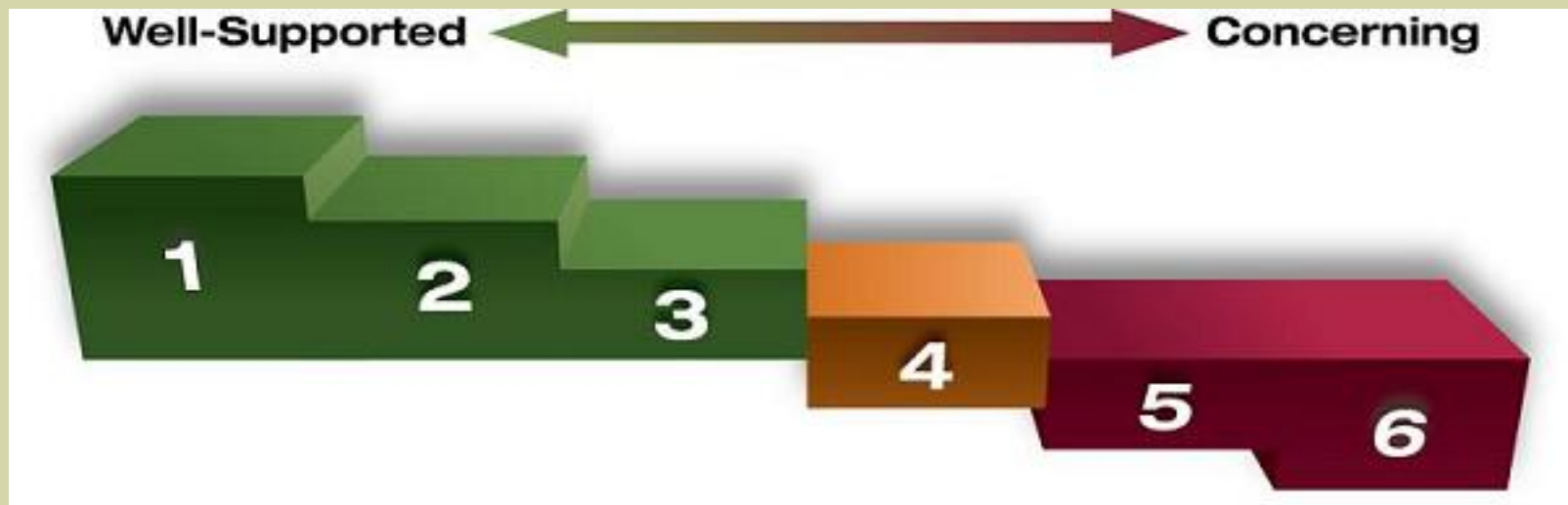
- Two group longitudinal design with non-matched comparison group of 1610 families in Australia
 - Participants were recruited through media and professional referral. The intervention group received training through a group version of **Triple P** followed by telephone support sessions once a week for four weeks.
 - Summary Results – Parents reported reductions of child behavior problems and dysfunctional parenting over a 2 –year follow-up. Comparison group children entered the study with lower levels of behavior problems.

Zubrick, Ward, Silburn, Lawrence, Williams, Blair, Robertson, & Sanders (2005).

Support for Widespread Synthesis & Dissemination

- Systematic reviews of research (e.g., Campbell Collaboration)
- Development of lists of identified effective prevention programs and policies and published lists of model or exemplary programs

Sample Classification System



The California Evidence-Based Clearinghouse

for Child Welfare

<http://www.cachildwelfareclearinghouse.org/>

Triple P is Rated:

1-Well Supported Effective Practice

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specify components of the service and describes how to administer it.
- Multiple Site Replication: At least two rigorous randomized controlled trials (RCT's) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- In at least two of the RCT's meeting criteria for "C" above, the practice has shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

<http://www.cachildwelfareclearinghouse.org/scientific-rating/scale#rating1>

Family Connections is Rated 3 – Promising Practice

- There is no clinical or [empirical](#) evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describe how to administer it.
- At least one study utilizing some form of control (e.g., [untreated group](#), [placebo group](#), [matched wait list](#)) has established the practice's [efficacy](#) over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, [peer-reviewed](#) literature.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.

Prevention Programs Rated 1

- Universal target population:
 - Nurse-Family Partnership (NFP)
<http://www.cachildwelfareclearinghouse.org/program/93>
- Selective target population:
 - The Incredible Years
 - Triple P-Positive Parenting Program
<http://www.cachildwelfareclearinghouse.org/search/topical-area/16>

Prevention Programs Rated 3

- Selective target population:
 - Effective Black Parenting Program (EBPP)
 - Family Connections
 - Nurturing Parenting Programs
 - SafeCare
 - The Upstate New York Shaken Baby Syndrome Education

<http://www.cachildwelfareclearinghouse.org/search/topical-area/16>

Support for Widespread Implementation of Evidence Based Practices

- Final stage - Governmental support for large-scale adoption and implementation of evidence-based prevention programs.

Key Take Home Points

- Importance of pre-planning (especially with developing logic model and engaging everyone in the implementation planning process)
- Change is difficult and resistance should be anticipated
- Importance of matching the intervention to the needs of the target population
- Be careful to not “over sell” the new idea
- Work for the long term benefit, rather than the short term “fix”.

References:

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