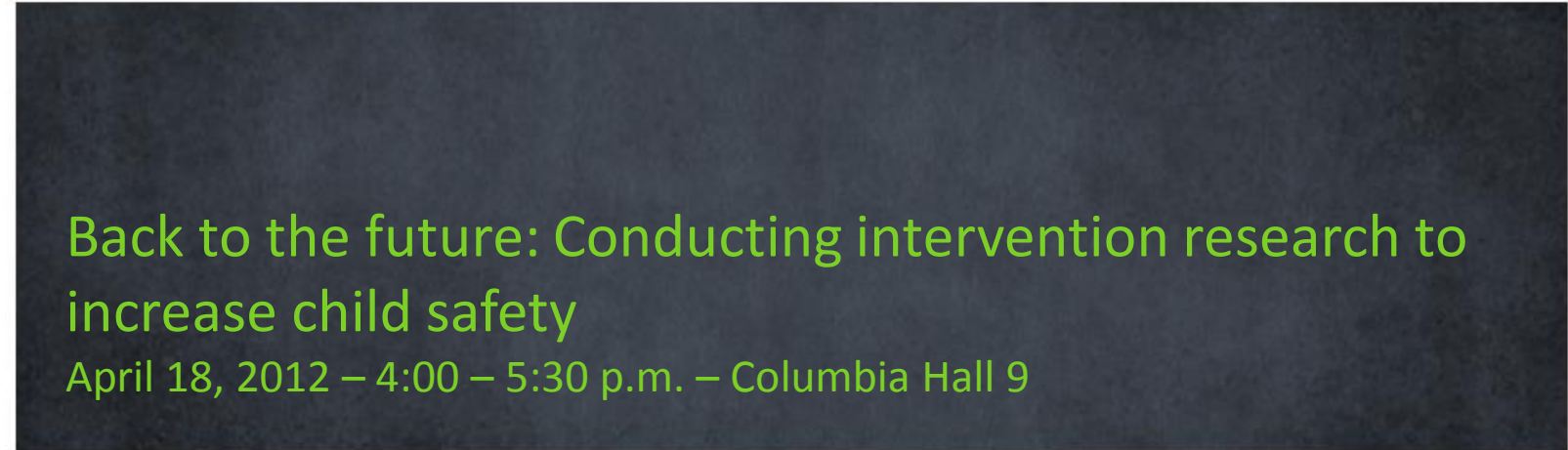

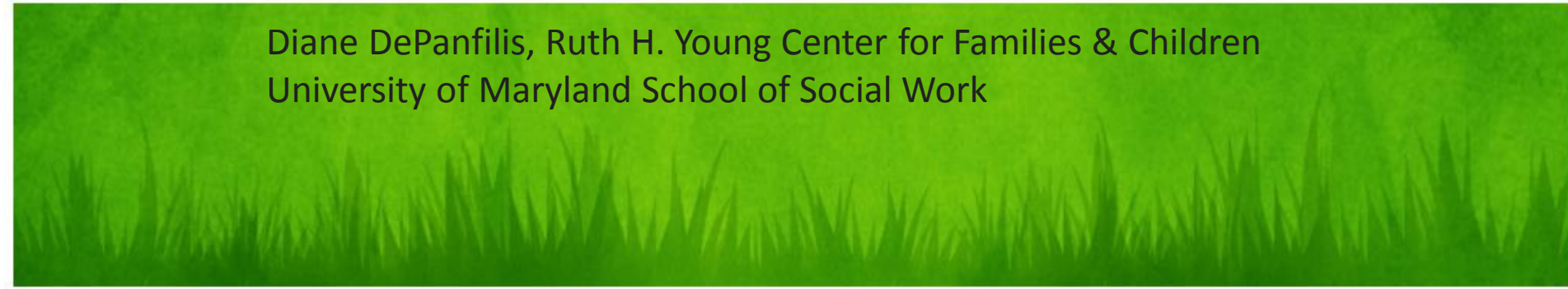


*18th National Conference on Child Abuse & Neglect
Celebrating the Past: Imagining the Future
Children's Bureau ~ 100 Years
Washington, DC April 16-20, 2012*



**Back to the future: Conducting intervention research to
increase child safety**

April 18, 2012 – 4:00 – 5:30 p.m. – Columbia Hall 9



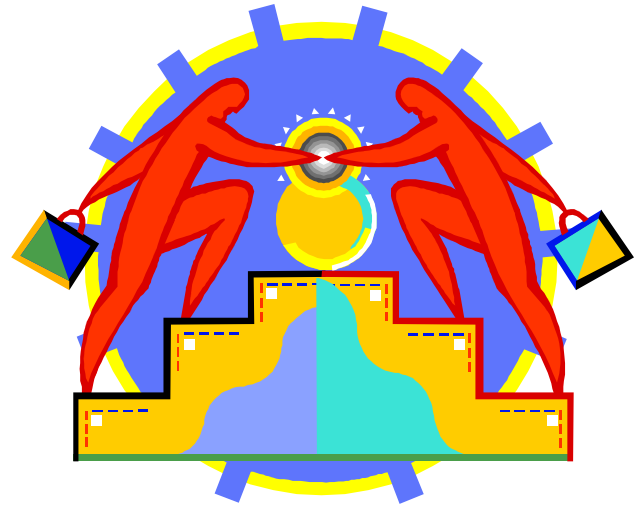
Diane DePanfilis, Ruth H. Young Center for Families & Children
University of Maryland School of Social Work

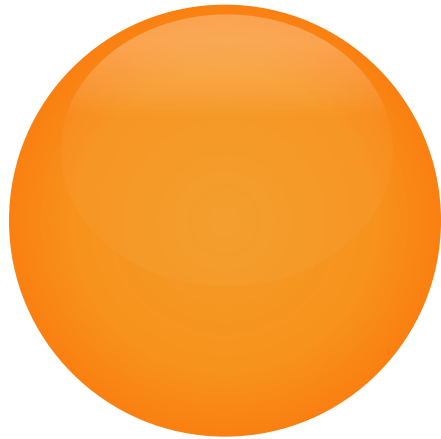
Acknowledgements

- The frameworks, examples, and templates in this workshop are based on experiences over the last thirty years developing, implementing, and evaluating interventions designed to achieve child safety including:
 - DePanfilis (1982) – NCCAN funded demonstration
 - DePanfilis (1988) – Edna McConnell Clark Foundation funded demonstration
 - DePanfilis (1988) – NCCAN funded demonstration
 - DePanfilis (2002) – NCCAN funded demonstration
 - DePanfilis (2002) – SAMHSA funded demonstration
 - DePanfilis (2008) – Children’s Bureau funded implementation center
 - DePanfilis, et al., (2009) – OCAN funded demonstration
 - DePanfilis, et al., (2009) – OCAN funded replication
 - Collins, et al., (2011) – SAMHSA funded Family-Informed Trauma Treatment (FITT) Center
- This workshop is updated and adapted from DePanfilis, D., Collins, K., Bellin, M., Rice, K., & Williams, C. Workshop - Back to the future: Designing and implementing social work intervention research. *Society for Social Work & Research 15th Annual Conference: Emerging Horizons for Social Work Research*. Tampa, FL, January 16-20, 2011.

Introductions

- Brief introductions:
 - Why did you select this workshop?





**INTERVENTION RESEARCH INVOLVES
THE USE OF SCIENTIFIC METHODS TO
EVALUATE WHETHER AN INTENTIONAL
CHANGE STRATEGY IS BOTH
EFFICACIOUS AND EFFECTIVE** (FRASER, RICHMAN,
GALINSKY, & DAY, 2009).

What is intervention research? 



Purpose of workshop

- To introduce participants to the five phases* of intervention design, implementation, and evaluation (in the context of child safety intervention examples):
 - Phase 1: Specify the problem and develop *a problem theory and a program theory (theory of change)*
 - Phase 2: Create & revise program materials & *develop an implementation plan.*
 - Phase 3: *Assess fidelity and efficacy and* refine and confirm program components
 - Phase 4: *Assess fidelity and* effectiveness in a variety of settings and circumstances
 - Phase 5: Disseminate findings & program materials

*Emphasis in this workshop is on the first three phases. Phases are adapted from Fraser, M. W., Richman, J. M., Galinsky, M. J., & Day, S. H. (2009). Text in *italics* is added to Fraser's framework. *NOTE: some slides in this presentation are provided as a hand-out and cannot be presented in an 1 ½ hour workshop.*

Workshop Objectives

- As a result of this session, participants will advance knowledge related to the following concepts:
 - problem theory
 - prevention science
 - theory of change
 - logic model
 - intervention manual development
 - fidelity criteria and assessment and
 - implementation science

Why is this important?

Methods for designing interventions that have the best chance of achieving successful outcomes must involve the implementation of deliberate steps for targeting a specific social problem and specifying intervention strategies that match the specific problem.





**SPECIFY THE PROBLEM AND
DEVELOP A PROBLEM THEORY, A
THEORY OF CHANGE, AND A
LOGIC MODEL**

Phase 1

Purpose of Problem Theory*

- To design and develop an effective intervention, we must clearly specify the problem and the mechanisms that produce or suppress it.
- Problem theory is a portrayal of the individual and environmental factors – both risk inducing and risk suppressing (i.e., protective factors) – that give rise to a problem or that sustain a problem over time.
- We use problem theory to identify leverage points for intervention.
- Defining the problem is the first step in building the causal logic of an intervention. *(*Fraser, 2009, p. 48)*

Questions to guide problem analysis

- What is the specific problem?
- What is the extent of the problem?
- What is the nature of the problem
- How does it affect children and families?
- What are your assumptions about the risk factors that increase the likelihood of the problem and protective factors that may decrease the likelihood of the problem? (*prevention science framework*)
- What organizational & system variables impact the current response to the problem?

Definition: Risk factor

- *A measurable characteristic of individuals that heightens the probability of a worse outcome in the future for groups of individuals who share the risk factor or who have more of the risk variable than a comparison group who do not have the risk factor or have less of the risk variable* (Masten & Wright, 1998, p. 10).

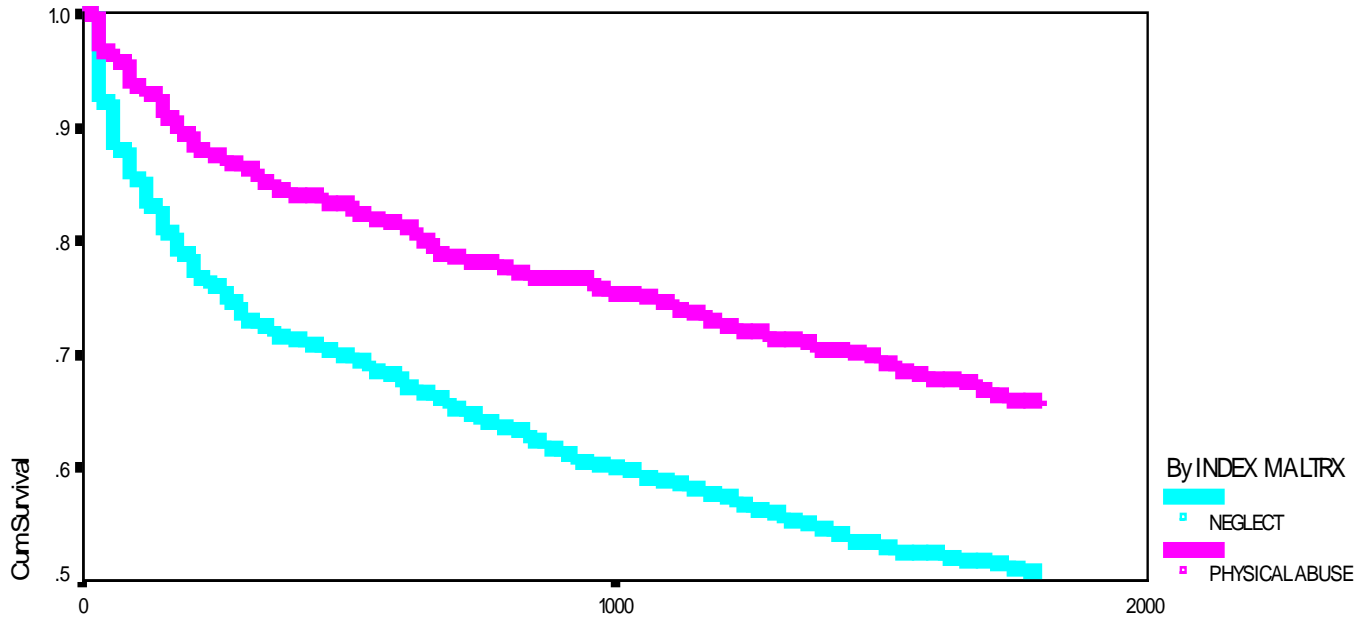
Definition: Protective Factor

- *A correlate of resilience that may reflect preventive or ameliorative influences: a positive moderator of risk or adversity* (Masten & Wright, 1998, p. 10).

Example – documenting the extent of the problem - Baltimore City:
Comparison of recurrences over 5 years between neglect and physical abuse cases - n = 1167

Figure 17. Survival (Without Recurrence)

Over Five Years



Days Until First Recurrence

DePanfilis, D. (1995). Epidemiology of Child Maltreatment Recurrences.

Doctoral Dissertation. University of Maryland at Baltimore.

Example – Documenting the Effects of Neglect

- Child neglect can have severe, deleterious short- and long-term effects on children's*
 - cognitive,
 - socio-emotional, and
 - behavioral development.
- Relative to physically abused children, neglected children have more severe cognitive and academic deficits, social withdrawal and limited peer interactions, and internalizing (as opposed to externalizing) problems.

**NOTE: Particularly relevant to treatment programs that target the effects of this social problem*

Example - Risk & Protective Factors (child neglect)

- Risk Factors

- Everyday stress
- Parental stress
- Mental health problems
- Alcohol & drug problems
- Family conflict

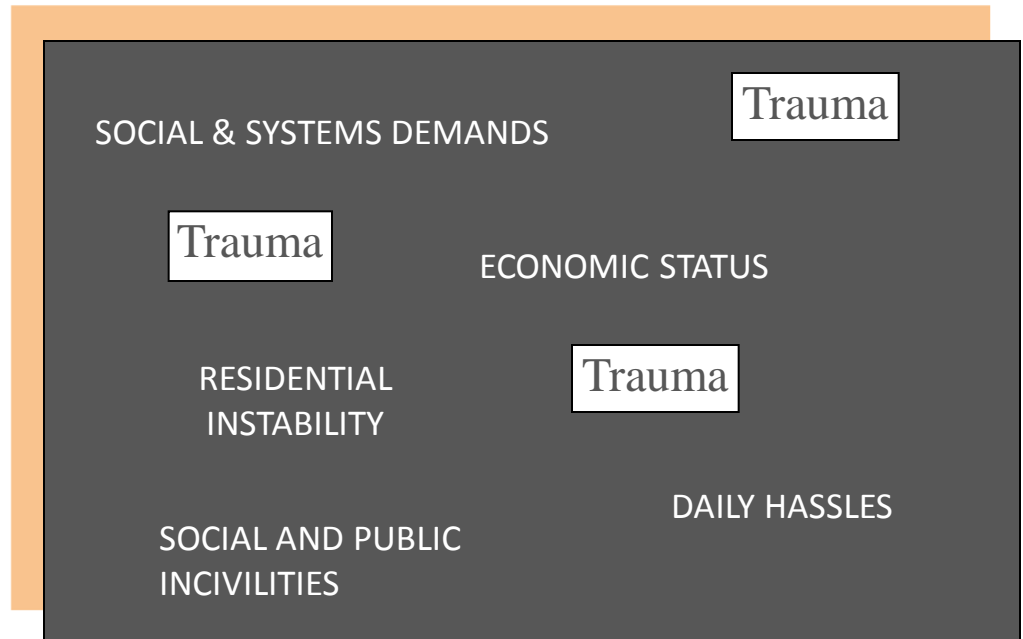
- Protective Factors

- Parenting attitudes
- Parenting competence
- Family functioning
- Social support
- Safe neighborhoods
- Family friendly community resources

NOTE: particularly relevant for preventive interventions

Problem Model Example 1: Traumatic Context of Urban Poverty (child maltreatment risk)

- High stress +
- Daily hassles and incivilities+
- Adverse life events +
- Financial instability +
- Inadequate resources +
- Lack of opportunity +
- Impact of discrimination +
- Multiple traumas =



Traumatic Context: *Heightened safety concerns and stress reactions and fewer resources needed for recovery (FITT Center, 2007)*

Adapted from Collins, et al., (2011) – Trauma Adapted Family Connections

IMPACT OF TRAUMA

1874-First “documented” child abuse case-Mary Ellen Wilson

1976 Chowchilla, CA-26 children kidnapped and buried alive in a bus

25% of all children will experience at least 1 traumatic event prior to age 16

USA has the highest level of homicide of any developed country in the world

Effective Treatments are NEEDED!

1. Effective treatments are needed for children/parents who have already developed difficulties
 - PTSD, Fear, Anxiety
 - Depression
 - Behavioral Difficulties
 - Guilt, shame, stigmatization, difficulty with trust/attachment
2. Effective treatments are needed to prevent future problems children may develop that result from proximate difficulties
 - Substance use/abuse/dependence
 - Physically or sexually aggressive behavior
 - Delinquency, criminal behavior

(Saunders, 2006)

Example 1 continued (Collins, et al., 2011).

Moving from problem theory to program theory

(Theory of Change)

- Prior research on pathways to the problem may be targeted as part of your intervention
- By specifying the mediating influences on your social problem, you further delineate potential intervention elements and your theory of how those components will alter your mediating factors.
- A program theory (theory of change) identifies what must be done to bring about the social benefits of your conceptualized intervention.

What is a Theory of change?

- Underlying assumptions about why your proposed strategies will respond to your statement of the problem and achieve your intended outcomes
 - Depict causal chain of activities intended to produce positive intervention outcomes.

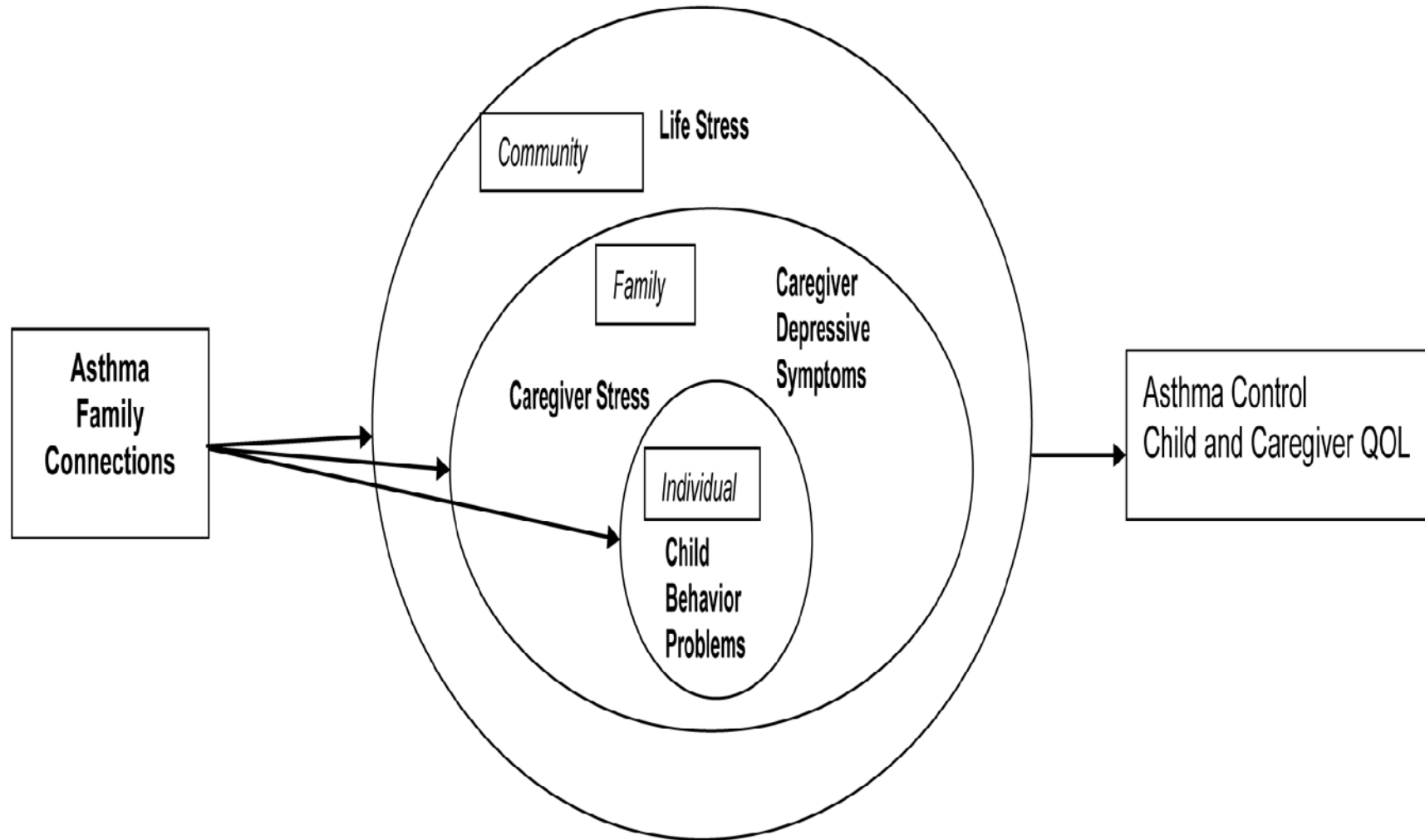


Link between problems, assumptions, programs, & outcomes

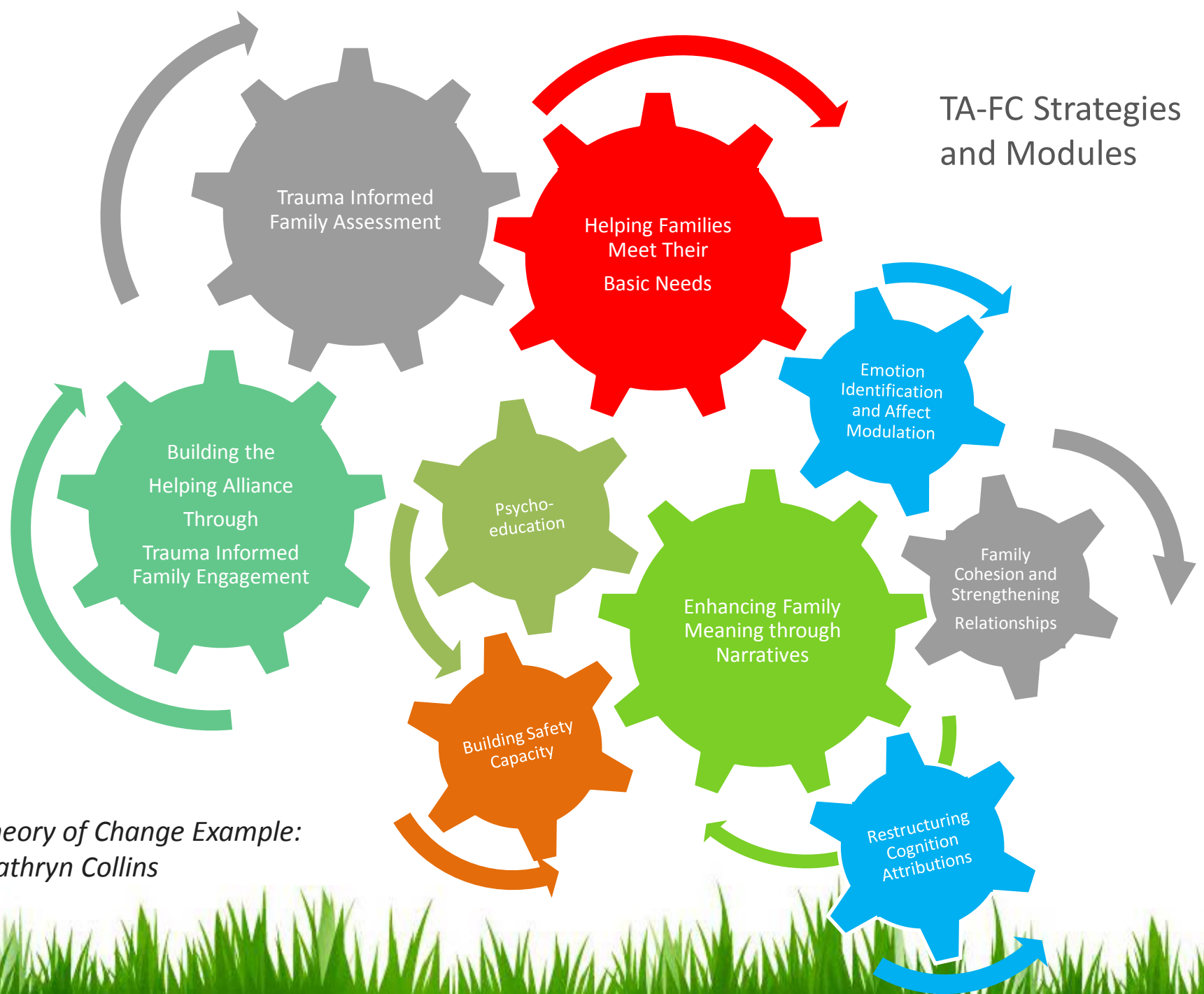
- The assumptions about what causes the problem should lead to the purpose of the program and the services that are provided.
- The assumptions about the purpose of the program should lead to the selection of program outcomes.
- The format for developing a theory of change links the above either sequentially or more dynamically (e.g., circles, or other non-linear model).

Theory of Change Example: Melissa Bellin

Figure 1 – Asthma Family Connections Conceptual Model



TA-FC Strategies and Modules



*Theory of Change Example:
Kathryn Collins*

Moving from Theory to Logic Models

- Reflecting on the theory of change, move to the development of a logic model to depict how your proposed intervention will address the social problem and your assumptions.

Logic Model

- A picture of how your program works – the theory and assumptions underlying the program. It links outcomes with program activities/processes and the theoretical assumptions/principles of the program.
- Provides a roadmap of your program and how desired outcomes are achieved.

(W.K. Kellogg Foundation, 2004).



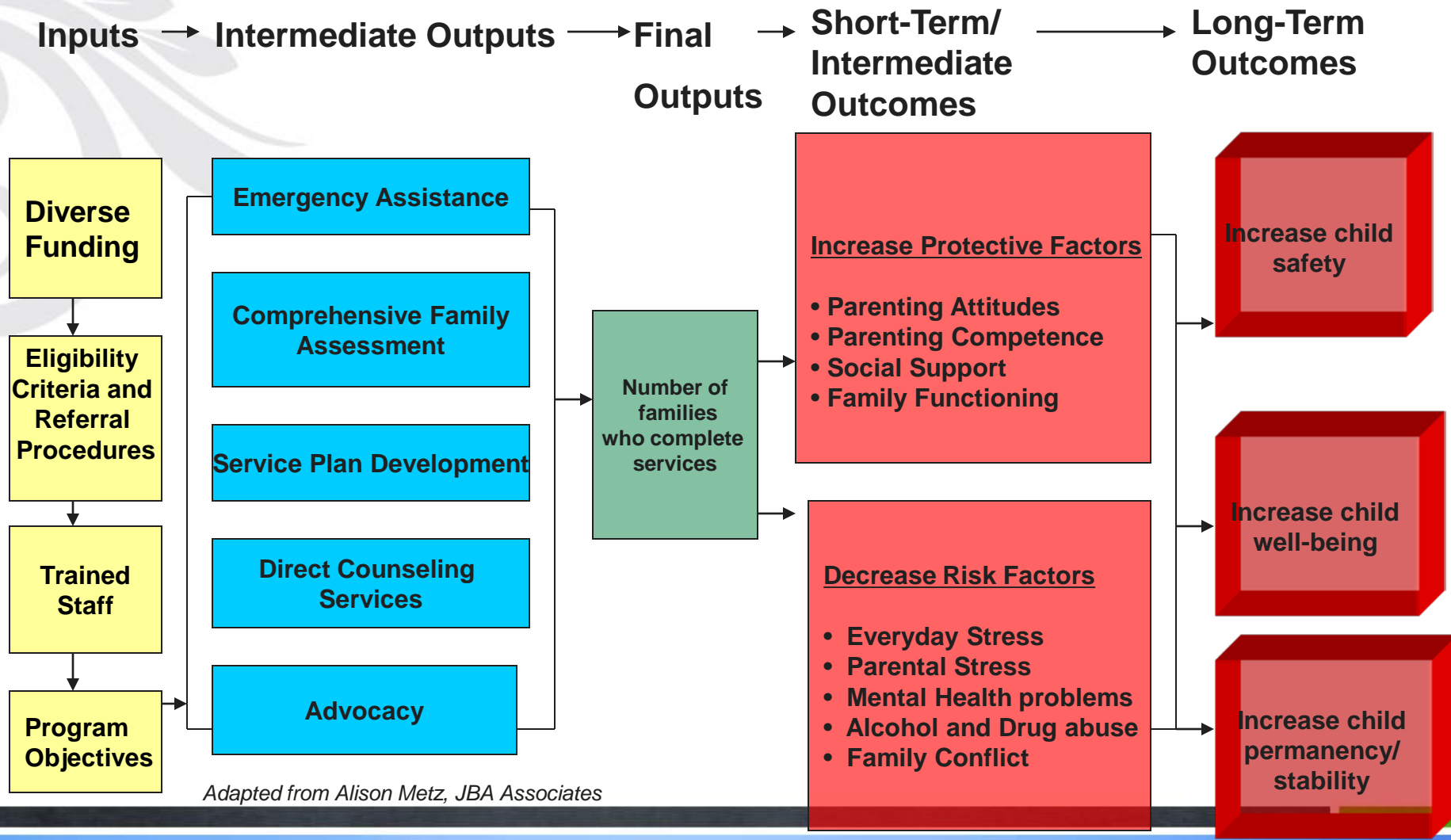
Logic Model

A graphic representation that shows logical relationships between inputs, outputs, and outcomes relative to a situation or problem

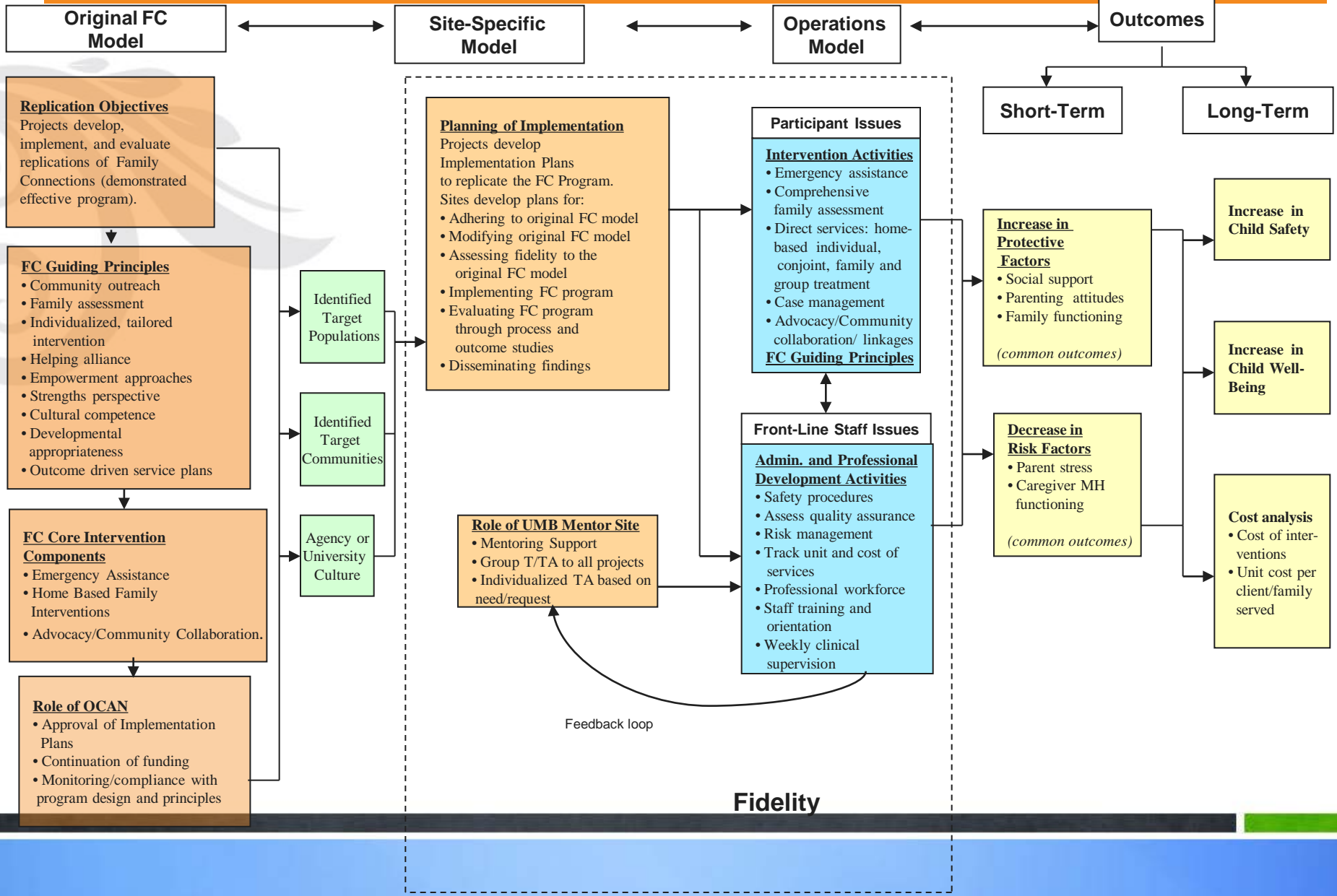
S
I
T
U
A
T
I
O
N

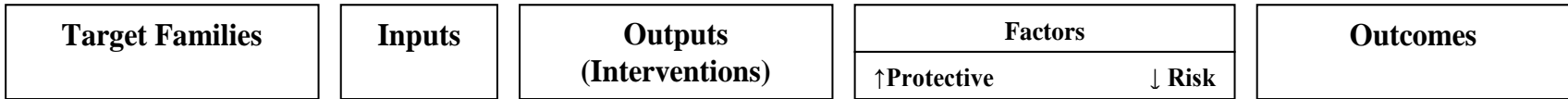


Sample Logic Model - Family Connections

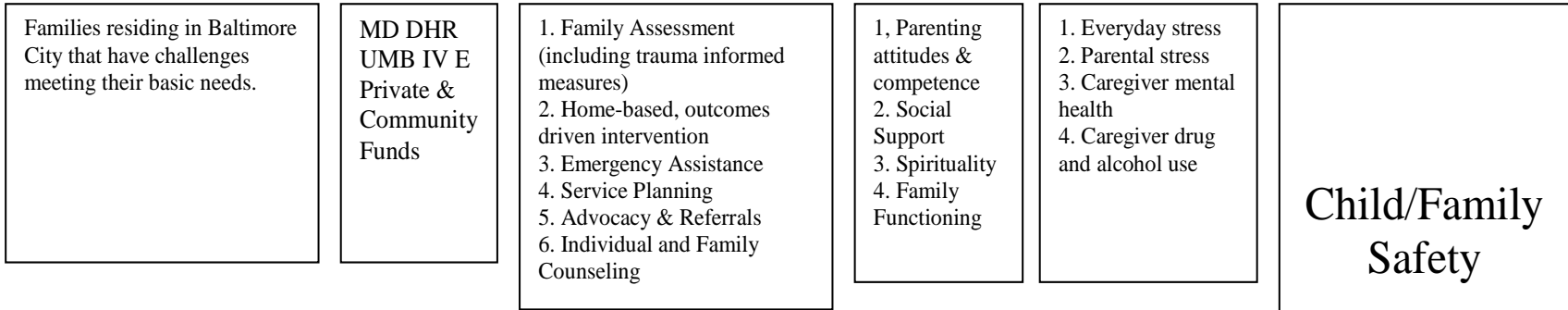


Conceptual Framework for the Cross-Site Evaluation of Family Connections Replication Projects (JBA Associates)

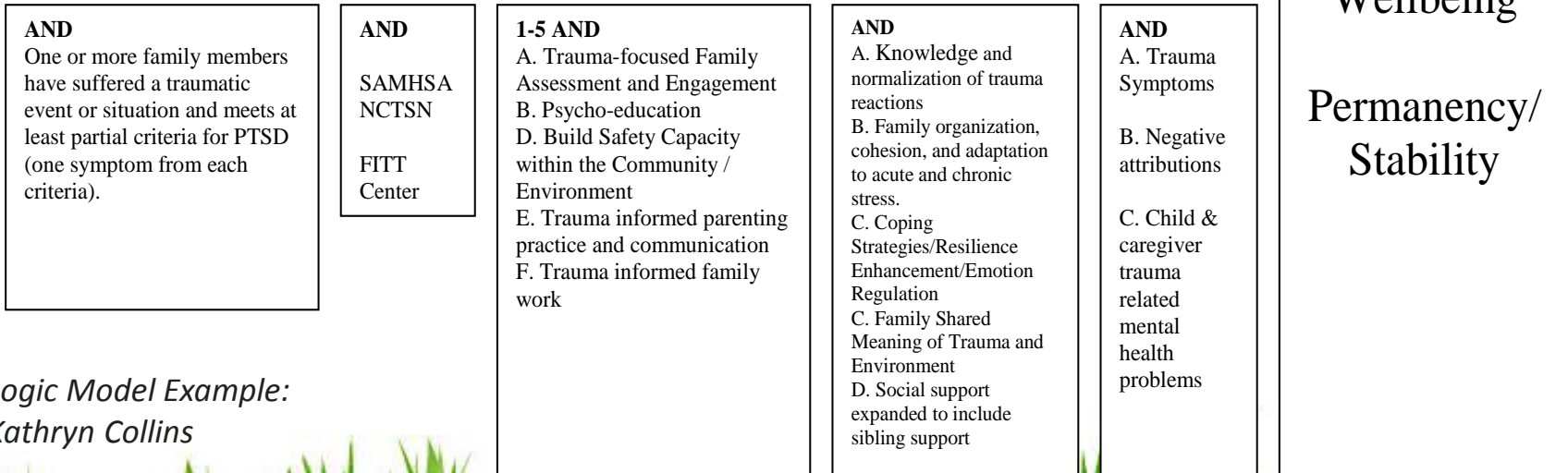




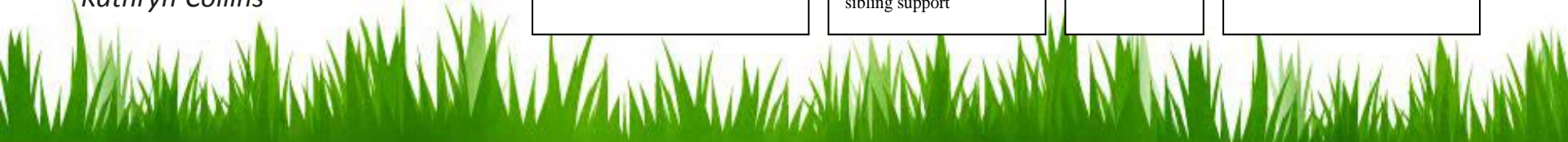
Family Connections



Trauma-Adapted Family Connections



*Logic Model Example:
Kathryn Collins*



Pause for Reflection

(Before moving to Phase 2)

- On your own or with the person next to you, take a few minutes and think about/discuss a Theory of Change or Logic Model for an intervention that you intend to test.
 - Reflections on your target problem, your assumptions about what contributes to it, your theory of change, and your logic model?
 - Questions before we move on?





Create & Revise Program Materials

Phase 2

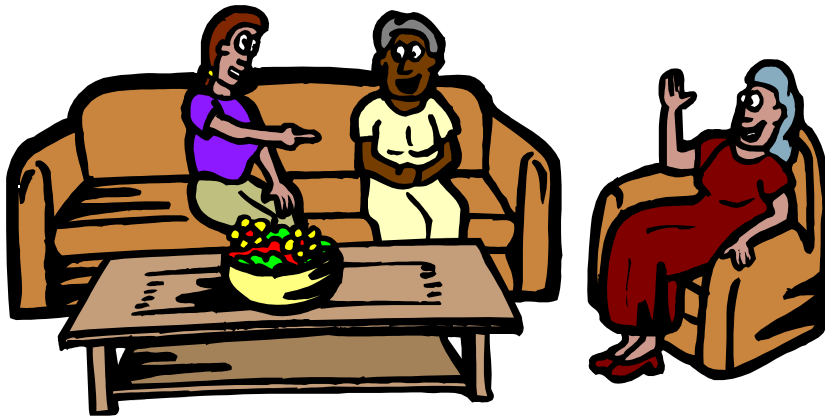


Phase 2: Create & revise program materials

- Develop practice protocols and/or intervention manuals
- Pilot test or use experts to review and refine the practice
- Develop fidelity criteria
- Develop implementation plans and/or implementation manuals

The intervention manual documents a program model based on the best available evidence and planning

- 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.



Camacho-Gonsalves, T., Leff, H. S., & Torrey, W. C. (2002).

Defining the Essential Elements of an Intervention Manual

- Consider outlines provided by Camacho-Gonsalves et al (2003) & Fraser, et al., (2009).
- This should include everything a practitioner needs to know to deliver the intervention.



Background section

- May include information about:
 - Statement of the problem and problem theory
 - Theories of change
 - Theories underlying intervention methods
 - Synthesis of prior intervention research
 - Practice principles
 - Overview of the intervention

Description of Administration & Operations

- Credentials & Training of Providers - depending on the target audience, the manual may specify information about:
 - Staffing descriptions, duties and responsibilities
 - Training requirements and certification
 - Supervision requirements and plans
- Description of organizational structure, facility design, provider to consumer ratios or total caseloads required to provide this intervention.
- Describe the overall costs for providing the program and managing the implementation

Intake

- Description of outreach and recruitment strategies (brief or long depending on target audience)
- Inclusion and exclusion criteria
- Practice protocol for screening relevant to admission criteria
- Include information related to information and referral to other services if a referred participant does not meet inclusion criteria

Session Content

- If the intervention follows a standardized approach (e.g., specific number of sessions that follow certain themes):
 - Include information about each session to guide the implementation of each session. This section will include activities, worksheets, case examples.
- If the intervention follows an individualized approach (e.g., a comprehensive assessment leads the implementation of tailored intervention strategies):
 - Provide a detailed practice protocol for assessment, and a description of practice standards, intervention planning and evaluation, and the selection of intervention strategies

Case record-keeping

- Include a chapter on the record-keeping requirements including sample forms, checklists, and information about entering data into electronic format if available
- Consider how this case level record-keeping may be linked to your evaluation.

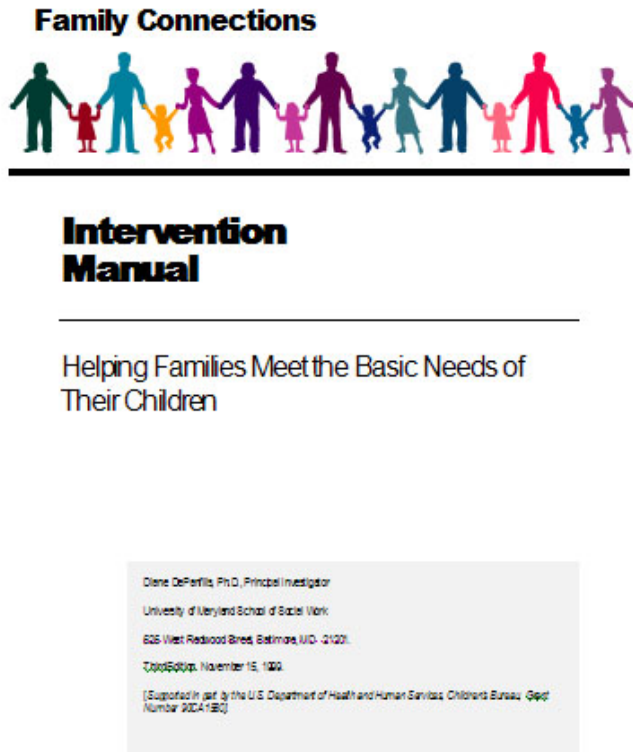


Supporting elements - possible appendix:

- Definitions/glossary
- Logic model
- Intervention handouts
- Fidelity criteria
- Other?



For example: FC Intervention Manual



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

Considerations for Adaptations

- If a manual or practice protocol exists which contains the essential elements of your proposed intervention and this intervention has already established some degree of evidence for its effectiveness, it is usually better to adapt, rather than starting from scratch.
- Whether you should adapt or not, depends on the relevance of the established intervention to your target population.
 - NOTE: it is not possible to adapt all interventions and will require permission from the model developers before assuming this will be possible.

Importance of understanding the unique needs of the target population & adapting intervention to meet their needs

- Values about accepting help (issues of privacy, decision-making)
- Experience with other help giving systems
- Issues of acceptance of someone in the role of helper
- Need to modify or tailor efforts for engaging, motivating and supporting the target recipients.

Wu, et. al, 2009



Adapting Intervention Structure

- Based on your statement of the problem and theory of change, you may decide to add intervention components or adapt planned intervention schedules. For example:
 - You may decide you need a motivational interviewing component to focus on engagement
 - You may need extra rapport building sessions at the beginning of intervention and in some group models, you may need extra time to address participant issues prior to the structured intervention
 - You may decide that the tempo of sessions is too fast for your target and decide to split up the themes over a longer duration.

Connor-Smith & Weisz, (2003).



Evolution of Trauma Adapted-Family Connections (TA-FC)

- Team development
- Literature review and Expert Consultation
- Identifying core conceptual components
 - “Starting Where the Model Is”
 - Trauma Informed Care
 - Establishing Target Risk and Protective Factors
 - Synthesis of Trauma Informed Practice Strategies with Families
 - Narrative Approach with Families who have multiple stress
 - Eco-Structural Family Work
 - Attachment Parenting Practice
 - Cognitive Behavioral Strategies

Adaptation example: Kathryn Collins

Adapting Session Content

- To address your view of the needs and likely participation involvement of your target population, you may decide you need to change:
 - Worksheets
 - Activities
 - Role-Plays
 - Practice Assignments
- Content may need to be modified to be culturally congruent with your target population, and to address other nuances related to age, language, and context.

Connor-Smith & Weisz, (2003).



Example: Using Experts (Families) to inform adaptations: TA-FC Family Partnership

June 2008

- Introduction to staff and TA-FC concept
- Experiences seeking services after trauma

September 2008

- Review of model components and feedback
- Brainstorming on implementation of intervention

December 2008

- Review of materials suggested
- Feedback on experience & challenges of implementation

April 2009

- Developing trust & affiliation
- Exploring 'safety' & 'self exploration book'
- how past traumatic experiences contribute to caregiver's capacity to attend to their children

October 2009

- Stress management & effects on the body
- 'Anchoring' & 'grounding'
- Mindfulness/meditation/Chi Gong exercise led by guest speaker
- Nurse practitioner led discussion on nutrition, exercise, & sleep

April 2010

- Explored concept of 'meaning making' re: family shared meaning and meaning of this group

Adaptation example: Kathryn Collins

Trauma Adapted Family Connections

Meaning Making

Phase 1

- Engagement
- Assessment
- Enhancing/Building Emotional and Physical Safety
- Service Plan

Phase 2

- Family Psychoeducation
- Emotion Identification and Affect Regulation
- Building Family Cohesion and Communication-Strengthening Family Relationships

Phase 3

- Family Shared Meaning of Trauma
- Case Closure and Endings

Transparency

Reflection

Collaboration

Adaptation example: Kathryn Collins

- Trauma Informed
- Culturally Centered
- Projective Identification
- Empathic Ruptures

- Basic Needs
- Trauma Focused
- Incorporate Measures
- Process and Product

Engagement

Assessment


Enhancing and Building Safety

Service Plan and Mutual Goals

- SMART
- Client's priorities
- Individualized
- Guide intervention

PHASE ONE





Developing fidelity criteria & methods for measuring fidelity

Developing fidelity criteria:

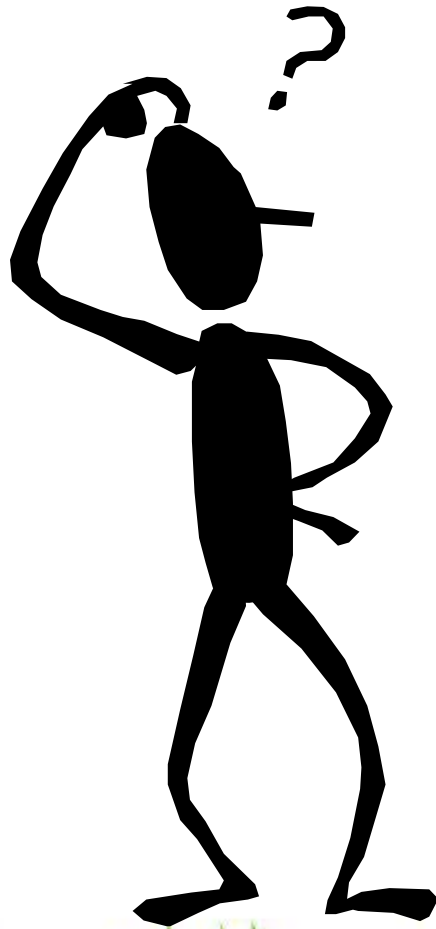
What is Fidelity*

- Fidelity is defined as the extent to which delivery of an intervention adheres to the protocol or program model originally developed.
- Fidelity criteria are necessary to ensure that the services being studied are the same across sites or that significant differences are documented.

*Mowbray, Holter, Teague,, & Bybee (2003).



Why is this important?



- Before we can measure outcomes of intervention, we need to know what intervention has been provided.

Fidelity Criteria*

- Often include:
 - Specification of the length, intensity, and duration of the service (or dosage)
 - Content, procedures, and activities over the length of the service
 - Roles, qualifications, and activities of staff
 - Inclusion/exclusion characteristics of the target service population.

*Kelley, Heckman, Stevenson, & Williams, 2000.



Steps for developing fidelity criteria*

- Step 1: Identify and specify fidelity criteria
 - Fidelity criteria should include aspects of structure: *the framework for service delivery.*
 - Fidelity criteria should include aspects of process: *the way in which services are delivered.*

*Mowbray, et. al., 2003.



Process for Developing Fidelity Criteria for Family Connections


- Reviewed literature about best approaches for developing fidelity criteria
- Reviewed models for replicating other intervention programs
- Reviewed the FC Intervention Manual and brainstormed core FC elements
- Developed draft criteria and discussed with all programs replicating FC, revised criteria, finalized criteria



What are fidelity measures?*

- Tools to assess the adequacy of implementation of program models.
- Methods for quantifying the degree to which elements of the program have been adequately implemented.

*Bond, et., al., (2000).



Example 1: FC Cross-Site Fidelity Assessment

(JBA Associates)

Philosophical Principles

- Community outreach
- Individualized, tailored intervention
- Helping alliance
- Strengths perspective
- Empowerment approach
- Developmental appropriateness
- Cultural Competence
- Advocacy

Program Structure

- Services in home/community
- Utilize community advisory panel
- Implement marketing/recruitment proc.
- Manage referrals
- Comprehensive Family Assessment**
- Develop and match SMART goals to asmt.
- Face-to-face contact w/in 1 business day
- One hour face-to-face contact per week
- Provide emergency services as needed

Professional Development

- Provide initial and ongoing training
- Provide weekly clinical supervision
- Provide professional devel. opportunities
- Foster an organizational culture

Administrative Activities

- Establish safety policies
- Implement risk management procedures
- Implement methods for assuring quality

Development of FC Cross-Site Fidelity Assessment (JBA Associates)

- Archival data abstraction
 - Implementation Plan
 - Semi-Annual Report Narrative
 - Semi-Annual Fidelity Database
 - Final Report
- Case record review
- Semi-structured interviews
- Focus groups



Development of FC Cross-Site Fidelity Assessment (JBA Associates)

- Fidelity Assessment Framework
 - 33 items
 - 5-point likert scale
 - 0 = Not implemented/concerning
 - 1 = Below Standard
 - 2 = Standard Met
 - 3 = Above standard
 - 4 = Exceptional
 - Scored at site- and staff-levels (when applicable)



Example 2: Safety Assessment Management System (SAMS) in West Virginia Fidelity Criteria

- Intake Assessment Criteria
 - Sufficiency of information collection
 - Sufficiency of danger identification
 - Quality of screening decision-making
- Family Functioning Assessment Criteria
 - Sufficiency of information collection
 - Sufficiency of present danger identification/temporary protection
 - Quality of safety decision-making
 - Quality of safety planning

DePanfilis, Richardson, Haidi, (2011)



Developing an Implementation Plan



What do we mean by implementation?

- *A specified set of activities* designed to put into practice a policy, activity, or program of known dimensions
- Implementation processes are purposeful and defined in sufficient detail such that independent observers can detect the presence and strength of these “specified activities”

The Science and Practice of Implementation

Implementation Research: A Synthesis of the Literature



Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

Download all or part of the monograph at:

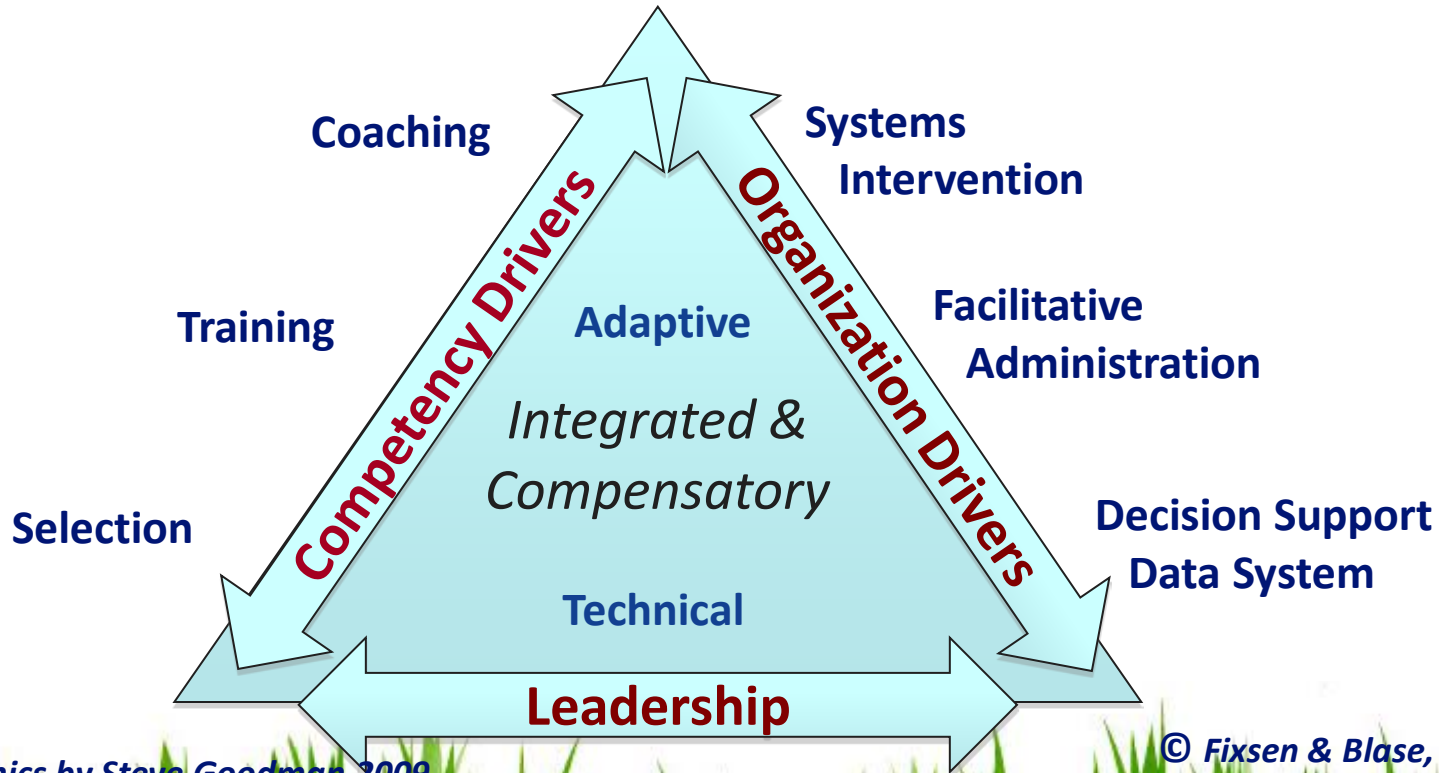
<http://www.fpg.unc.edu/~nirn/resources/detail.cfm?resourceID=31>

Improved outcomes for children and families



Performance Assessment

Implementation Drivers

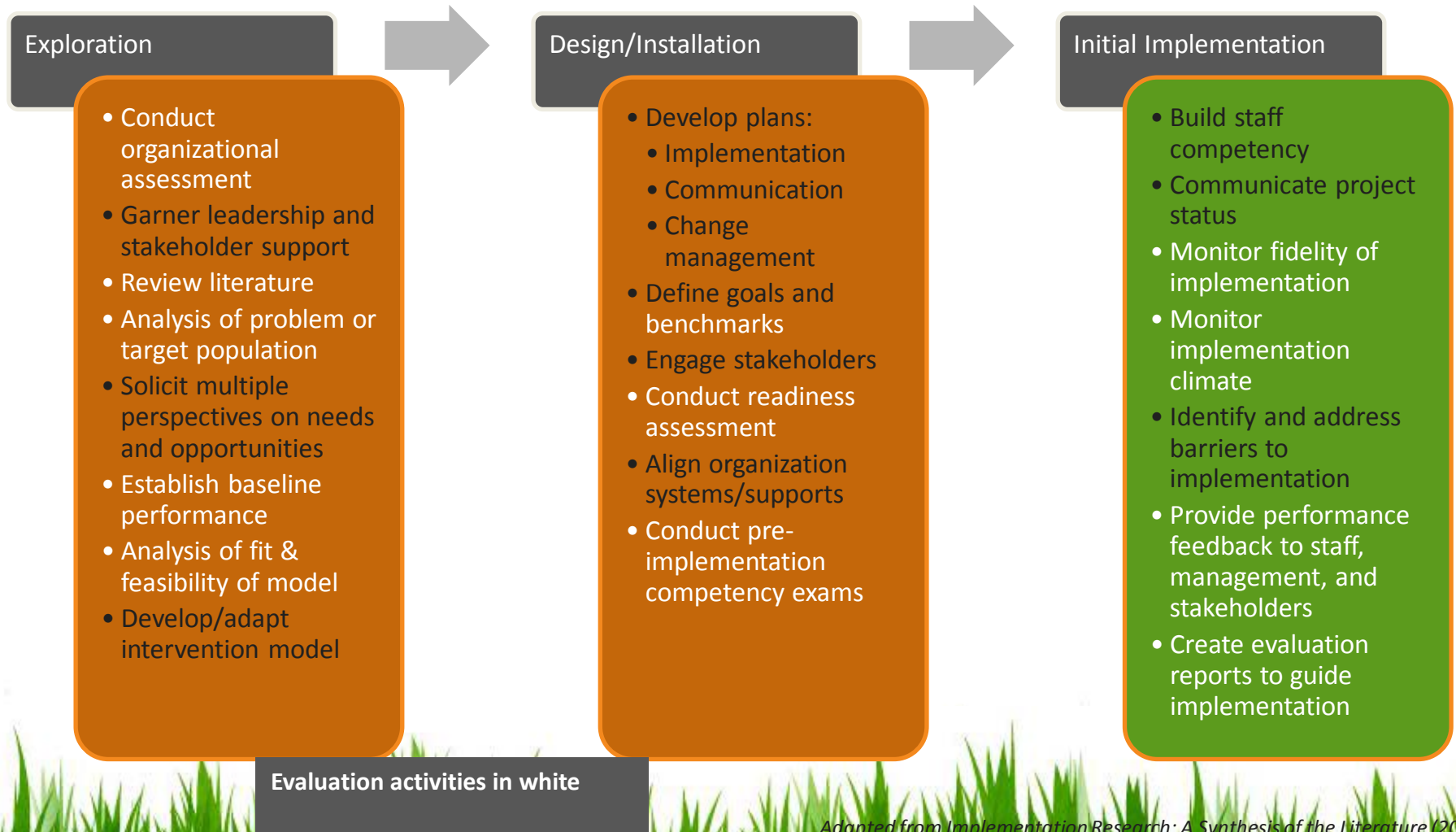


Develop an implementation plan that addresses key implementation “drivers”

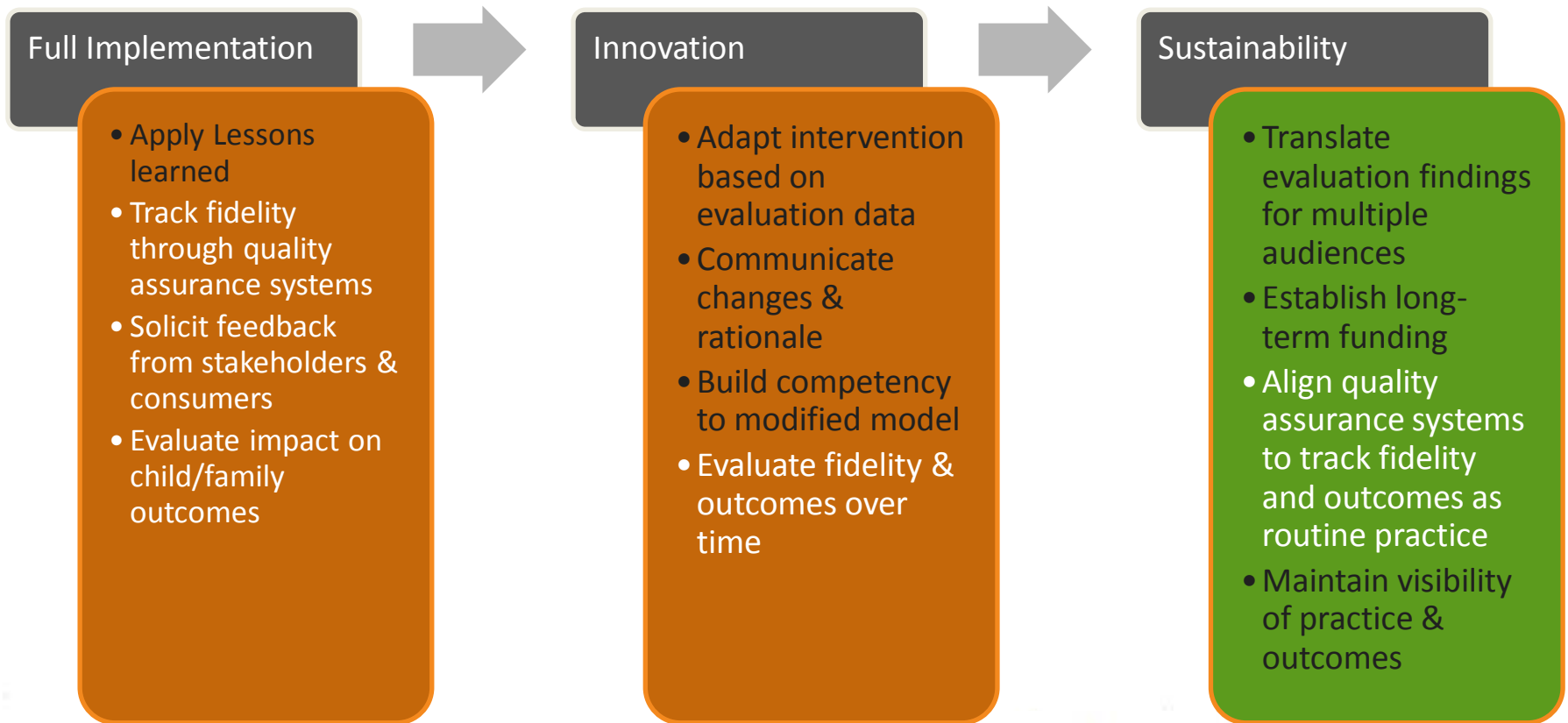
- Leadership driver
 - e.g., leadership vision, teams, communication planning
- Organization drivers
 - decision-support data systems, facilitative administration, systems intervention
- Competency drivers
 - staff selection, training, coaching & supervision
- Performance assessment
 - performance to practice standards, competency exams, fidelity assessments

For example, WV’s SAMS implementation plan supported by the Atlantic Coast Child Welfare Implementation Center (ACCWIC) addressed all drivers .

ACCWIC Stages of Implementation & Evaluation Core Activities



ACCWIC Stages of Implementation & Evaluation Core Activities



Evaluation activities in white



**Assess fidelity & efficacy
and refine and confirm
program components and
implementation plan**

Phase 3

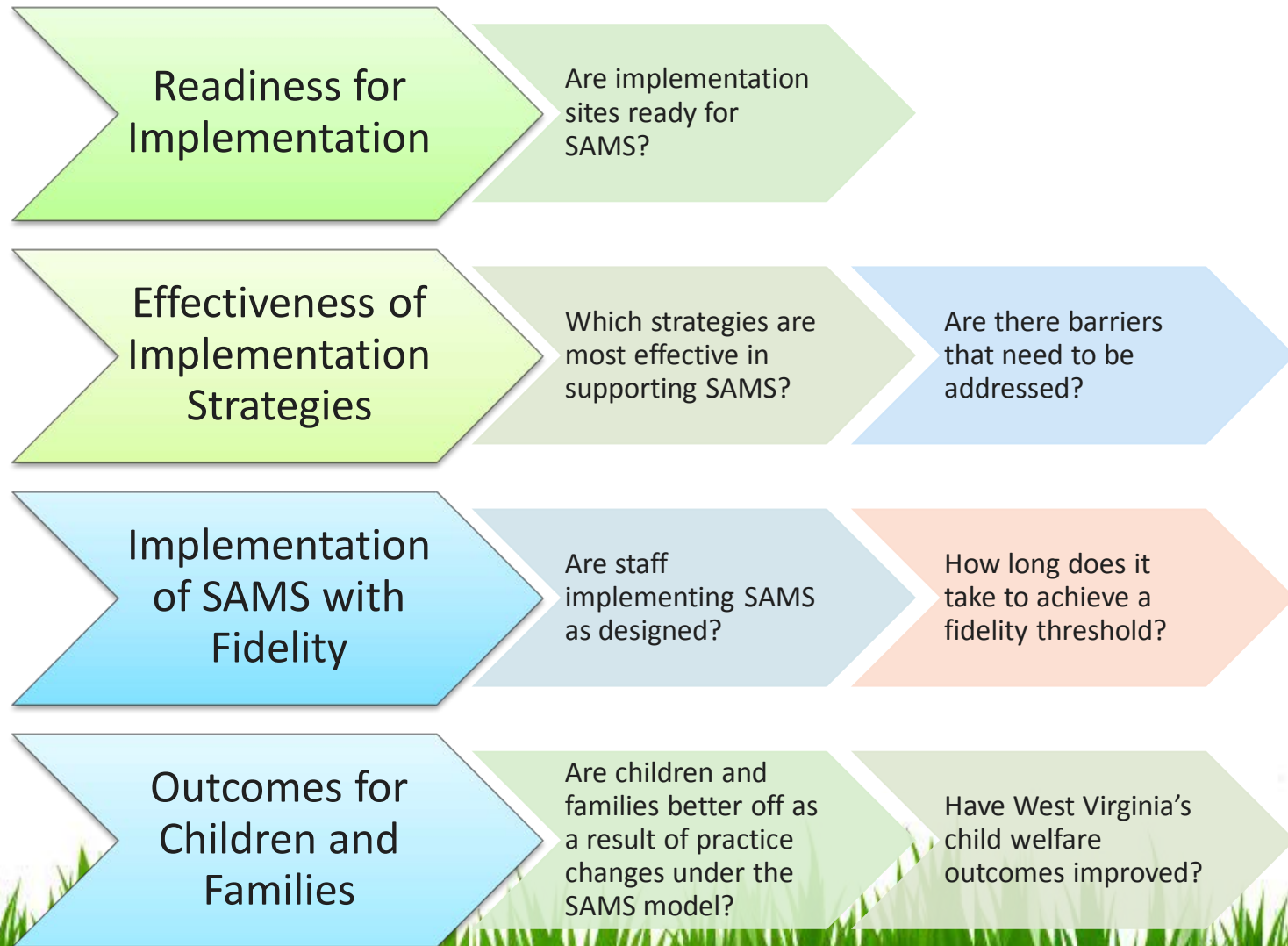


Phase 3: Refine and confirm program components

- Use experts to refine program materials
- Pilot test components with different groups (i.e., usability tests)
- Implement assessments to evaluate the feasibility of the implementation plan
- Make adjustments based on fidelity assessments and tests of efficacy (e.g., pacing of the intervention, length of intervention)

Example: West Virginia Evaluation Framework

First 3 evaluation components implemented in Phase 3 (snapshots from 2 & 3) are provided



Example – WV Statewide Implementation Survey



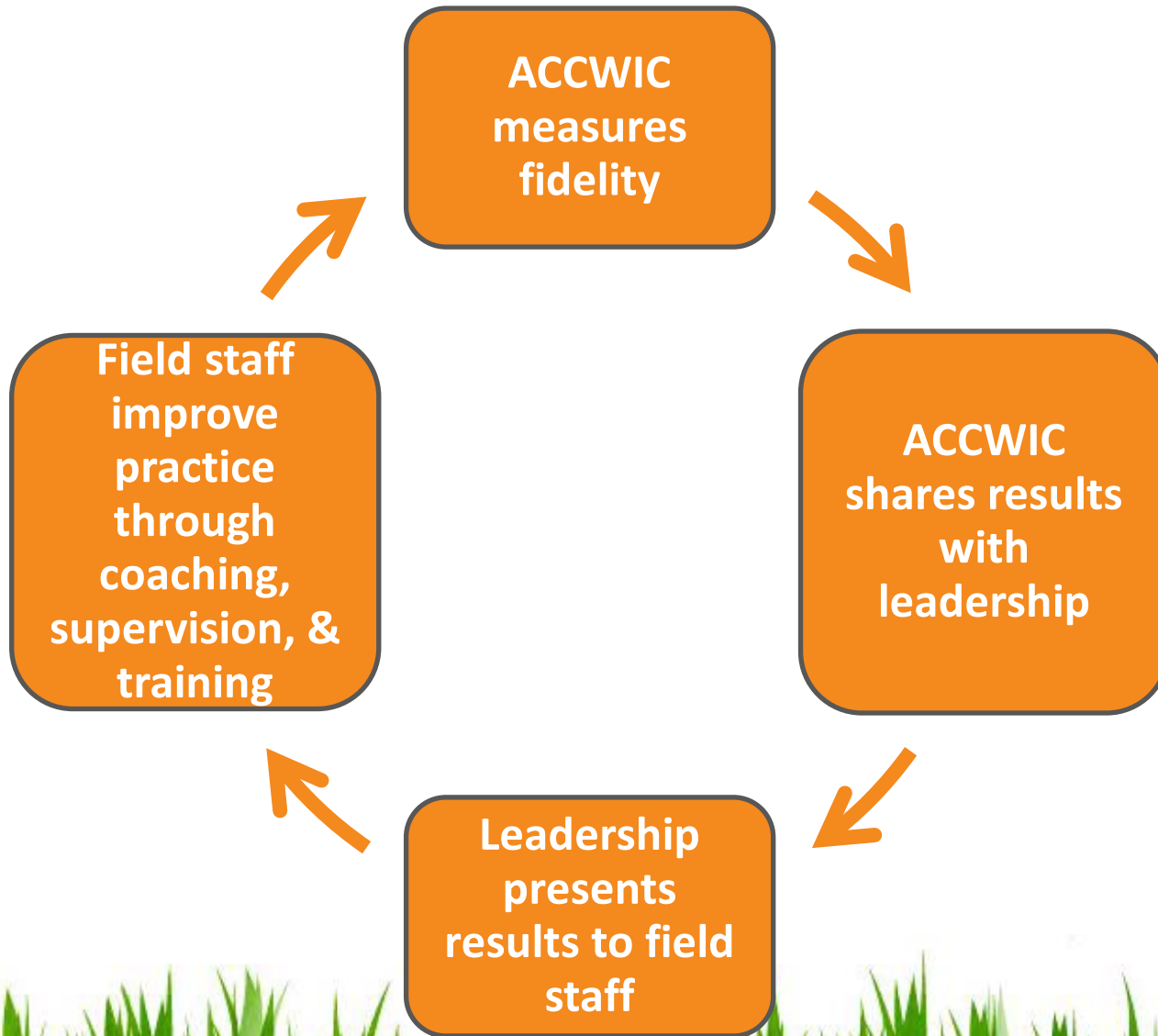
How is fidelity to the WV SAMS Model being monitored?

- *A statewide team of master practitioners (Special Forces) uses detailed review instruments to measure fidelity to each area of the model*
- Key fidelity criteria for the intervention:
 - *Quality of interview (information from all key informants)*
 - *Quality of decisions (imminent danger, present danger)*
 - *Quality of plans (temporary protection plan, safety plan, protective caregiver capacity)*
- Instruments or processes created:
 - *Customized fidelity review instruments, data analysis strategy, coding for software*
 - *Collaborative processes: presentations and workshops with implementers and policy makers, evaluation sub-committee*
- Frequency of fidelity data collection:
 - *Baseline data collected daily for 2 months after implementation*
 - *Ongoing fidelity review*
- Fidelity lessons learned:
 - *Daily fidelity reviews by master practitioners were not sustainable*
 - *Using the statewide fidelity review process to assess worker fidelity was not possible*

WV Fidelity Data Collection Methodology

- Special Forces review cases against SAMS fidelity criteria
- Data are entered into Qualtrics online software and scored at the University of Maryland
 - There is one link for IA and one link for FFA
 - No cases are thrown out for incomplete data
- ACCWIC produces reports used by project teams to target ongoing coaching and technical assistance
- GOAL:
 - Monitor practice at the worker, supervisor, district level
 - Identify areas of practice that need additional support to achieve fidelity

The Feedback Process



Reliability Study*

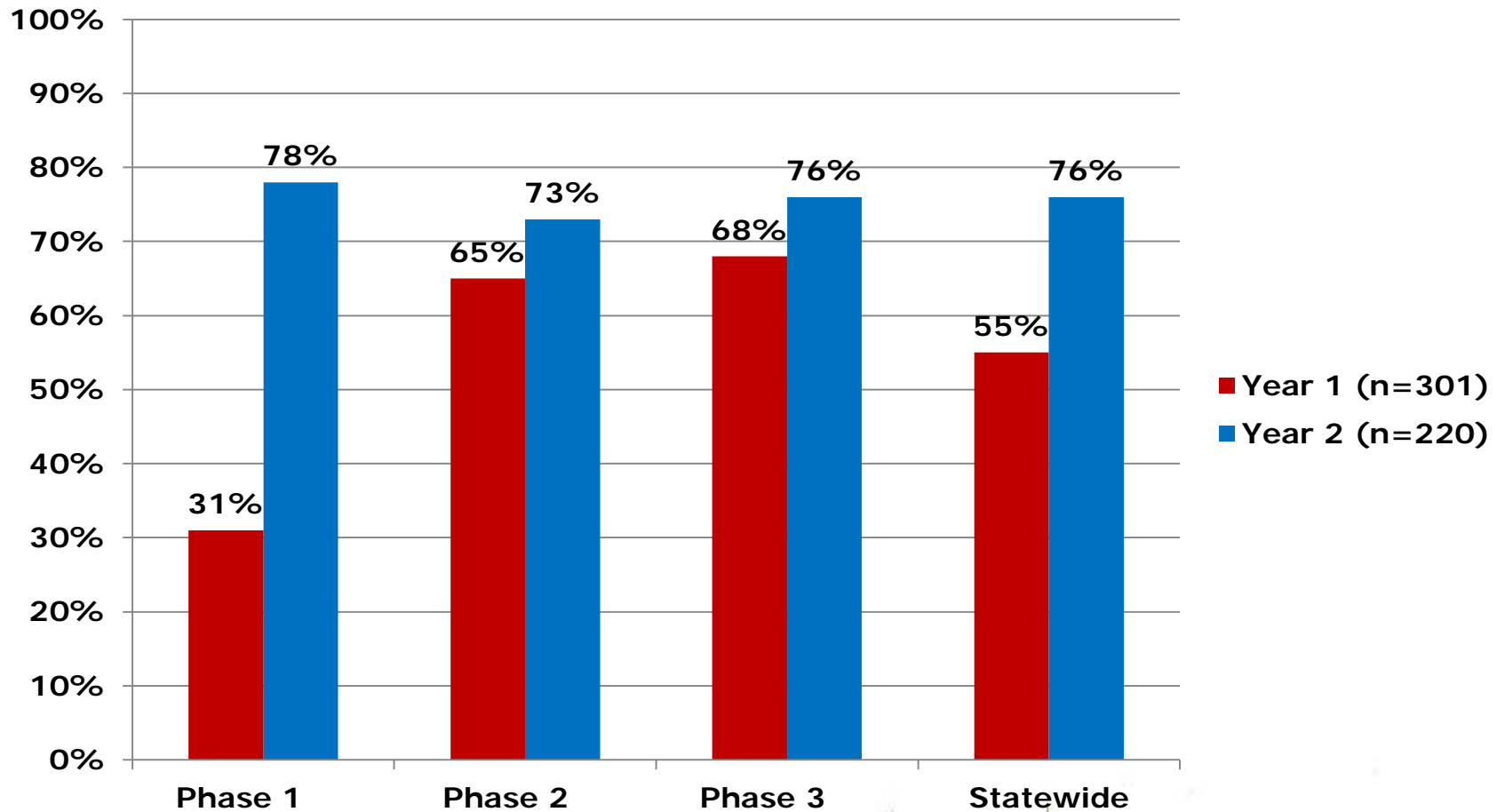
1. Are Special Forces reviewers consistent with one another (i.e. rating the same case in the same way)?
 - Yes. Inter-rater reliability coefficients ranged from $\alpha=.887-.996$ for IA, and $\alpha=.803-.995$ for FFA
2. Are Special Forces consistent with experts at ACTION?
 - Yes. Item-level chi square statistics reveal no significant differences between reviewers in IA or FFA

*Kaye & Osteen (2011).

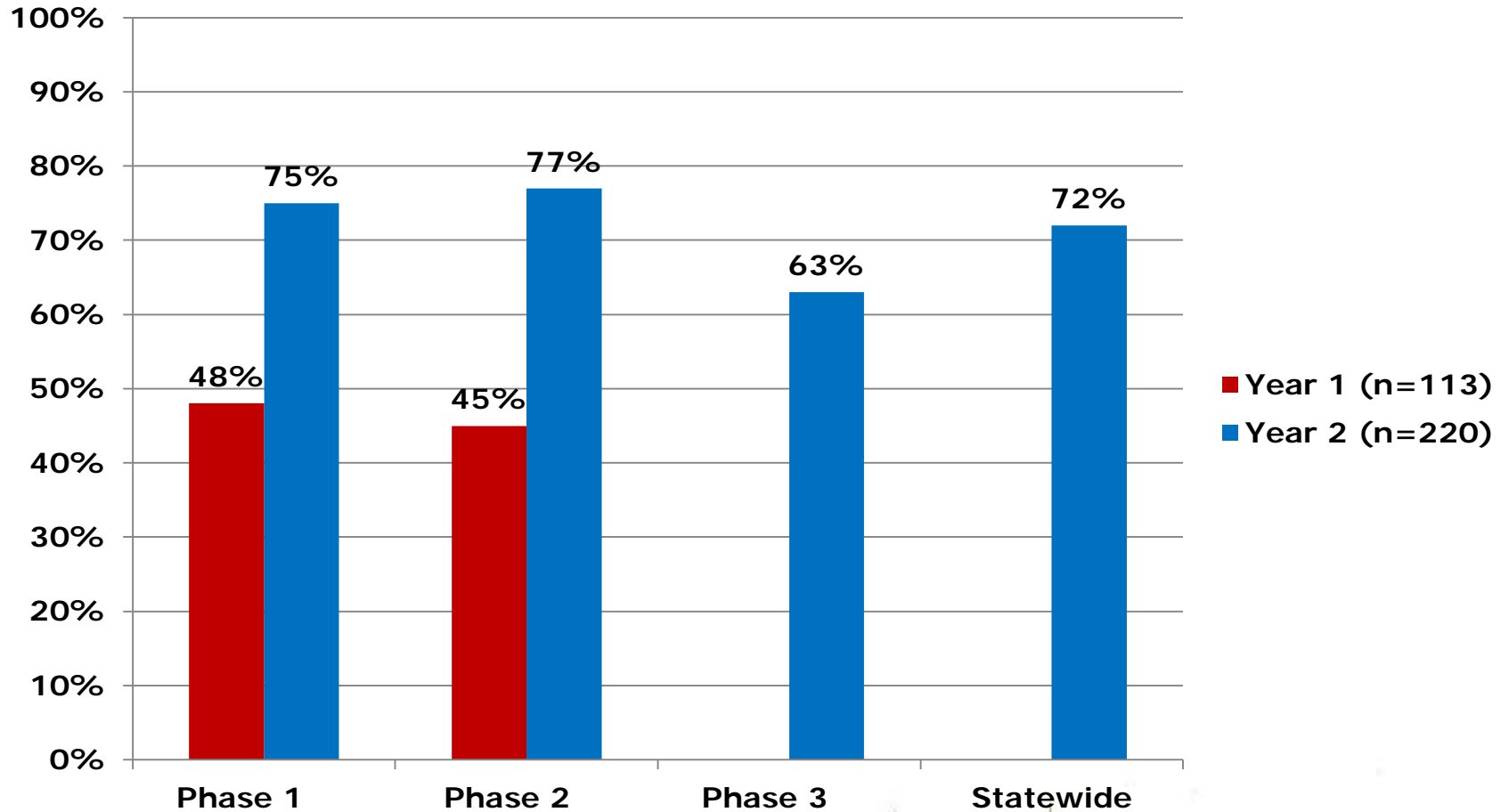
Fidelity to the SAMS Model

- Introduced assessments one at a time, in three phases
- Measure Fidelity to 3 main assessments:
 - Intake Assessment (IA)
 - Family Functioning Assessment (FFA)
 - Protective Capacities Family Assessment (PCFA)
 - Implementation just completed, no data yet
 - Fidelity to the IA & FFA (see next slides):
 - Indications of improvement in quality over time
 - Initial findings led to changes in implementation of strategies to strengthen specific drivers to improve fidelity over time
 - ACCWIC is working with WV to build capacity to completely manage fidelity assessments on their own.

Percent of IAs with High Fidelity



Percent of FFAs with High Fidelity



WV - Lessons Learned Using Data to Support Implementation

- Data supports implementation **planning**
 - Changed statewide PCFA rollout from 3 phases to 4 phases
- Data informs **communication** with the field and stakeholders
 - Implementation Survey
 - Added External Stakeholder Survey
- Data keeps management **focused on better outcomes** for children and families
 - Mountain Force
 - additional outcome data
 - positive discussion
 - Cadence Calls – consistent integration & institutionalization



**Assess fidelity &
effectiveness in a variety
of settings &
circumstances**

Phase 4: Assess fidelity & effectiveness in a range of settings

- Implement multi-site effectiveness trials
 - Experimental or quasi-experimental designs
- Evaluate and compare fidelity between sites
- Evaluate differences in fidelity and outcomes between sites
- Examine the link between higher fidelity and outcomes

Example - Objectives: Family Connections Cross-Site Evaluation


- To what extent are the projects able to implement *FC* with fidelity?
- To what extent are the projects able to demonstrate positive outcomes in reducing the risk factors and increasing protective factors for child neglect that were found in the original *FC* Demonstration Project?
- To what extent are projects able to prevent child maltreatment?



Additional Objectives: FC Cross-Site Evaluation

- To what extent have the projects made adaptations to *FC* and what is the impact of those changes?
- What are the costs associated with implementing *FC*?

NOTE: Final report of the JBA cross-site evaluation of Family Connections is still in clearance. Preliminary data have been presented at national and international conferences. (e.g., DePanfilis, Filene, and Smith, 2010; Filene, Smith & DePanfilis, 2010; Filene, DePanfilis, & Smith, 2010).





Disseminate findings & program materials

Phase 5



Phase 5: Disseminate findings & program materials

- Incrementally disseminate information about the intervention (theory of change, practice principles, description of intervention components)
- Publish results as they are available about the process of implementation as well as outcomes that may be attributed to the intervention (depending on research design).
- Examine variations in outcomes that may be attributed to variations in fidelity as well as differences in target populations.

Example: Family Connections Dissemination

- Numerous papers published about the first demonstration to answer questions about:
 - Dose of intervention
 - Cost effectiveness
 - Retention & outcomes
 - Variations in potential impact on specific outcomes (e.g., child behavior)
- Special issue of *Protecting Children* with papers by replication sites to answer questions about:
 - Use of clinical assessment measures to guide intervention\
 - Role of the helping relationship as a core practice principle
 - Adaptations needed to respond to different cultures
 - Methods for tracking costs of delivering intervention



Questions?

Go to <http://www.family.umaryland.edu> and <http://www.accwic.org>
for further information

References

- Bond, G., Williams, J., Evans, L., Salyers, M., Kim, H., Sharpe, H., & Leff, H.S. *Psychiatric rehabilitation fidelity toolkit. (2000). Cambridge, MA: Human Services Research Institute.*
- Camacho-Gonsalves, T., Leff, H. S., & Torrey, W. C. (2002). *Toolkit on manuals and workbooks for psychosocial interventions.* Cambridge, MA: The Evaluation Center at HSRI.
- Connor-Smith, J. K., & Weisz, J.R. (2003). Applying treatment outcome research in clinical practice: Techniques for adapting interventions to the real world. *Child and Adolescent Mental Health, 8(1), 3-10.*
- DePanfilis (2008), Principal Investigator. Atlantic Coast Child Welfare Implementation Center (Federal Regions III-IV), Funded by DHHS/ACY/ACYF-Children's Bureau (90CO1042).
- DePanfilis (1982). Clients who refer themselves to Child Protective Services. *Children Today, 11(2), 21-25.*
- DePanfilis, D. (1988, September). *Enhancing sexual abuse community intervention and treatment final report.* Prepared for the South Carolina Department of Social Services and the National Center on Child abuse and Neglect.

References

- DePanfilis, D. (2002). *Family Connections' family strengthening initiative final report*. Study funded by the U.S. Department of Health and Human Services, Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention. (Cooperative agreement 1 UD1 SPO8766). Baltimore, MD: University of Maryland School of Social Work.
- DePanfilis, D. (1988, May). *Final report: Determining safety in child protective services and child placement decisions*. Prepared by ACTION for Child Protection for the Edna McConnell Clark Foundation.
- DePanfilis, D. (2002). *Helping families prevent neglect final report*. Study funded by the U.S. Department of Health and Human Services, Children's Bureau 1996-2002 (Grant Number 90CA1580). Baltimore, MD: University of Maryland School of Social Work.
- DePanfilis, D., Daining, C., Strieder, F., & Clark, T. (2009). *Family Connections with intergenerational families final report (CW-1226)*. Submitted to the USDHHS, ACY, ACYF, Children's Bureau. Baltimore MD: Ruth H. Young Center for Families & Children, University of Maryland School of Social Work.
- DePanfilis, D., Richardson, S., & Haidi, A. Engaging child welfare staff to effectively use data to support implementation: Exemplars from West Virginia & New Jersey. *HHS/ACY/ACYF/Children's Bureau 2011 Policy to Practice Dialogue*, Arlington, VA, October 12-13, 2011.

References

- DePanfilis, D., Smith, E.G., & Filene, J. H. Multi-site findings from the replication of a family strengthening program with diverse populations to prevent child maltreatment: Assessing final outcomes: Comparing differences in CPS reports by Ethnically Diverse Client Families. *IVIII ISPCAN International Congress: Strengthening Children and Families Affected by Personal, Intra-Familial and Global Conflict*. Honolulu, Hawaii, September 26-29.2010.
- DePanfilis, D., Smith, E. G., Filene J. H., & Rice, K. Assessing final outcomes: Predicting time to CPS report. *Society for Social Work & Research 14th Annual Conference, Social Work Research: A World of Possibilities*. San Francisco, January 14-17. 2010.
- Family Informed Trauma Treatment Center (2007). Context of urban poverty. Baltimore, MD, author. Retrieved March 25, 2012 from the University of Maryland website: <http://fittcenter.umaryland.edu/>.
- Filene, J. H., DePanfilis, D., & Smith, E. G. A multi-method approach for assessing fidelity to Family Connections. *Society for Social Work & Research 14th Annual Conference, Social Work Research: A World of Possibilities*. San Francisco, January 14-17. 2010.
- Filene, J. H., DePanfilis, D., & Smith E.G. Multi-site findings from the replication of a family strengthening program with diverse populations to prevent child maltreatment: Cultural adaptations and assessment of fidelity. *IVIII ISPCAN International Congress: Strengthening Children and Families Affected by Personal, Intra-Familial and Global Conflict*. Honolulu, Hawaii, September 26-29.2010.

References

- Fraser, M. W., Richman, J. M., Galinsky, M. J., & Day, S. H. (2009). *Intervention research developing social programs*. Oxford: Oxford University Press.
- Kaye, S., & Osteen, P. J. (2011). Developing and validating measures for child welfare agencies to self-monitor fidelity to a child safety intervention. *Children and Youth Services Review, 33*, 2146-2151.
- Kelly, J.A., Heckman, T. G., Stevenson, L. Y. & Williams, P. N. (2000). Transfer of research-based HIV prevention interventions to community service providers: Fidelity and adaptation. *AIDS Education and Prevention, 12*, 87-98.
- Masten, A. S., & Wright, M. O. (1998). Cumulative risk and protection models of child maltreatment. In B. B. R. Rossman, & M.S. Rosenberg (Eds). *Multiple victimization of children* (pp. 7-30). New York: The Haworth Press, Inc.
- Martin, L. L., & Kettner, P.M. (2009). *Measuring the performance of human service programs*. (2nd ed.). Thousand Oaks, CA: Sage.
- Mowbray, C. T., Holter, M.C., Teague, G. B., & Bybee, D. (2003). Fidelity criteria: Development, measurement, and validation. *American Journal of Evaluation, 24*(3), 315-340.
- Saunders, B. (2006). Evidence supported treatments for abused and traumatized children and their families. Retrieved March 25, 2012 from the Medical University of South Carolina website: http://academicdepartments.musc.edu/ncvc/grants/2006_presentations/saunders_apr06_chicagoIL.pdf
- Smith, E. G., Filene, J. H., & DePanfilis, D. Assessing intermediate outcomes: Increasing protective factors and decreasing risk factors. *Society for Social Work & Research 14th Annual Conference, Social Work Research: A World of Possibilities*. San Francisco, January 14-17. 2010.
- W. K. Kellogg Foundation (2004). *Using logic models to bring together planning, evaluation, and action: Logic model development guide*. Battle Creek, MI: Author.
- Wu, S.T., Mimura-Lazare, A., Petrucci, C. J., Kageyama, N., & Suh, C. (2009). Culturally competent practice with Cambodian and Korean families in Los Angeles: Results from a five-year replication project of the Family Connections Program. *Protecting Children 24*(3), 15-26.

Family Connections' Published Papers

- Harrington, D., Zuravin, S. J., DePanfilis, D., Dubowitz, H., & Ting, L. (2002). The Neglect Scale: Confirmatory factor analysis in a low-income sample. *Child Maltreatment, 7*, 359-368.
- Swanson Ernst, J., Meyer, M., & DePanfilis, D. (2004). Housing characteristics and adequacy of physical care of children: An exploratory analysis. *Child Welfare, Special Issue on Housing and Homelessness, 83*, 437-452.
- DePanfilis, D., & Dubowitz, H. (2005). Family Connections: A program for preventing child neglect. *Child Maltreatment, 10*, 108-123.
- Girvin, H., DePanfilis, D., & Daining, C. (2007). Predicting program completion among families enrolled in a child neglect preventive intervention. *Research on Social Work Practice, 17*, 674-685.
- DePanfilis, D., Dubowitz, H., & Kunz, J. (2008). Assessing the cost-effectiveness of Family Connections. *Child Abuse & Neglect, 32*, 335-351.

Family Connections' Published Papers

- DePanfilis, D. (2009). Using prevention science to reduce the risk of child neglect. *Children Australia, 34*(1), 40-44.
- DePanfilis, D., Filene, J. H., & Brodowski, M. L. (2009). Replicating the *Family Connections* program: Lessons learned. *Protecting Children, 24*(3).
- DePanfilis, D., Filene, J. H., & Brodowski, M. L. (2009). Introduction to Family Connections and the national replication effort. *Protecting Children, 24*(3), 4-14.
- Lindsey, M. A., Hayward, R. A., & DePanfilis, D. (2010). Gender differences in behavioral outcomes among children at risk of neglect: Findings from a family-focused prevention intervention. *Research on Social Work Practice, 20*, 572-581.
- Sharpe, T., DePanfilis, D., Strieder, F., & Gregory, G. (2009). Replication of Family Connections: Lessons learned from grandparents. *Protecting Children, 24*(3), 58-68.
- Collins, K. S., Strieder, F., DePanfilis, D., Tabor, M., Freeman, P., Linde, L., & Greenberg, P. (Accepted, October 2011). Trauma Adapted Family Connections (TA-FC): Reducing developmental and complex trauma symptomatology to prevent child abuse and neglect. *Child Welfare*.