

The Sounding Board:

News and Reviews in Child Welfare

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“Do Early Childhood Interventions Prevent Child Maltreatment?” by Arthur J. Reynolds, Lindsay C. Mathieson and James W. Topitzes, Child Maltreatment, May, 2009.

“Risk Factors for Child and Adolescent Maltreatment: A Longitudinal Investigation of a Cohort of Inner- City Youth,” by Joshua P. Mersky, Lawrence M. Berger, Arthur J. Reynolds and Andrea N. Gromoske, Child Maltreatment, February, 2009.

“Effects of a School- Based, Early Childhood Intervention on Adult Health and Well- being : A 19 – Year Follow- up of Low – Income Families,” by Arthur J. Reynolds, Judy A. Temple, Suh – Ruu Ou, Dylan L. Robertson, Joshua P. Mersky, James W. Topitzes and Michael D. Niles, Archives of Pediatric and Adolescent Medicine, August 2007.

In “Do Early Childhood Interventions Prevent Child Maltreatment”? Reynolds, Mathieson and Topitzes summarize findings from 15 studies of 14 primary prevention programs targeted at children 0-5 years of age. These studies which were published or reported from 1990 -2007 included a comparison group or control group and twelve measured the effect of the program on substantiated or “verified” child maltreatment. These 15 studies were less than one third of the empirical studies of prevention programs published or reported during this 17 period of time.

Ten of the fourteen interventions were home visitation programs; two provided health services in hospitals; one program taught parenting skills and one program was a center based pre- school program with parent education and extensive parent involvement. The home visitation programs included Nurse Family Partnership (NFP), Hawaii Healthy Start and Healthy Families America, Healthy Families Alaska, Healthy Families New York, Early Start, the Home Visitation Program and Parents as Teachers. The Chicago Child – Parent Center (CPC) was the center based program. Prenatal and Perinatal Health Services (PPHS) and Colorado Adolescent Maternity program (CAMP) were the health services based programs and the Parenting Education Program (Britner and Reppucci, 1997)) was the parenting education program.

These studies varied widely in sample sizes; two of the programs had samples of 20 and 35 program participants while CPC’s program group sample was 913. Most of the studies measured substantiated child maltreatment during or immediately following completion of the program; but studies of NFP and CPC included follow up evaluations of child maltreatment when youth who participated in the programs were in their middle to late teens.

In their meta- analysis of findings from these studies “we (the authors) emphasize impacts on rates of substantiated or verified maltreatment (abuse or neglect) in percentage points and converted to effect sizes in standard deviations ...” The median rate of substantiated child

maltreatment for participants in the prevention programs was 5.1% compared to 8% for comparison groups. The median effect size was .23 standard deviations which the authors interpret as “small to medium and practically significant.” “Indeed, the mean (weighted) rate of maltreatment for the program group was 31% lower than the comparison group (6.6% vs. 9.55%),” they state.

However, only four of the fourteen programs were found to have a statistically significant effect on substantiated or verified maltreatment. These programs were CPC, NFP, the Parent Education Program for Teen Mothers and the Teen Parents as Teachers (PAT) program with case management. A less charitable way of summarizing these findings is that most of the programs, especially the home visitation programs, did not have a statistically significant effect on substantiated child maltreatment. NFP, the nurse home visitation program developed by David Olds, and the center based CPC showed long term program effects on maltreatment rates when youth were 15 (NFP, 24% vs. 32%) and 17 (CPC, 7.8% vs. 14.7%) respectively. Effect sizes for NFP and CPC were slightly higher (.24 - .37 SD) than the average for the twelve programs, but the difference is not large enough to warrant the authors’ description of effect sizes for the four effective programs as medium to large. What is more impressive about NFP’s and CPC’s effects on child maltreatment is the long term reductions of child maltreatment rates, the reduction in foster care placements (6.1% for CPC vs. 11.3% for the comparison group) and, for CPC, a much lower rate of dependency filings over a period of several years.

How and why NFP and CPC have demonstrated long term effects on child maltreatment rates when short term effects have been temporary or non – existent is difficult to explain. It is possible that the surveillance of mandated reporters led to increased CPS reports during the years when parents and children were actively participating in these programs; and that the programs’ effects on child maltreatment were not powerful enough to overcome the impact of intensive contact between program staff and troubled families on CPS reporting. However, in a testy exchange between David Olds and Arthur Reynolds regarding research design in the Archives of Pediatric and Adolescent Medicine, Reynolds (November, 2008) comments that “the entire control group (in the CPC study) participated in an enriched all – day kindergarten compared with only 60% of the CPC group...”; in other words, the control group children had extensive contact with mandated reporters as well as the children enrolled in CPC.

A more likely explanation is that program effects on the quality of parent child relationships occurred gradually as a result of parents’ involvement in their children’s education or in other aspects of their children’s lives. Reynolds, et al, assert “that programs aimed at reducing maltreatment may not have strong immediate effects, and it may be necessary to conduct longitudinal follow ups to assess programs most accurately.” If so, this may account for why NFP and CPC appear to be so much more effective than other similar programs, i.e., the research of these programs has included long term follow up while most of the programs reviewed in this study described only short term effects on child maltreatment rates.

In “Risk Factors for Child and Adolescent Maltreatment,” (2009) Mersky, Berger, Reynolds and Gromoske provide an in- depth discussion of CPC effects on child maltreatment rates. CPC, like NFP, has had much more of an effect on neglect than on physical abuse, an important program characteristic given that more than 60% of CPS investigations nationally involve allegations of

neglect. In Washington State, almost 75% of accepted CPS reports are classified by intake staff as neglect allegations, more than three times the percentage of physical abuse reports and fourteen times the percentage of sexual abuse reports. CPC requires weekly parental involvement in pre-school or school settings and offers other family support services that may have a positive effect on parent- child interactions. Parental involvement in children's education and an increased degree of personal agency on behalf of children possibly counteract the tendency in neglectful families for parents to become increasingly detached from their children's activities and to experience reduced self efficacy associated with substance abuse and/ or depression. Unfortunately, increased parental involvement in children's activities does not seem to necessarily translate into reduced parental aggression in response to child misbehavior.

CPC, like NFP, has proven to more effective with younger, needier, higher risk populations of parents and children. CPC has also had much greater beneficial effects for males than females, an important finding given that CPC serves mostly African American families. Mersky's, et al, longitudinal study of risk factors for child maltreatment in Chicago found that younger "maternal age at child's birth and AFDC receipt were associated with multiple maltreatment outcomes in multivariate models." They add that "Among the school age variables investigated, a low level of parent participation in school was the most robust predictor of maltreatment." Given the CPC study's quasi - experimental design, the possibility that parents already motivated to be actively involved in their children's lives were more likely to enroll in CPC must be considered. However, Reynolds and his co - authors point out in "Effects of a School - Based, Early Childhood Intervention on Adult Health and Well - Being" (2007) that "more than 80% of children in the neighborhoods of the centers participated in the program, which indicates that participants are largely representative of the center neighborhoods." Further, "Most of the comparison group did not enroll in the CPCs because they did not live in a neighborhood with an intervention." CPCs were located in high poverty neighborhoods. CPC parents were slightly worse off economically than parents in the comparison group on most poverty indicators, e.g., TANF participation, residence in a high poverty neighborhood, which makes the program's effects on substantiated neglect and out of home placements even more impressive.

CPC, again like NFP, has been found to have a wide range of effects on adult health and well being two to three decades after program participation. Children enrolled in CPC have had higher rates of high school completion (71.4% vs. 63.7 %, $p = .01$), lower rates of felony arrest (16.5% vs. 21.1%, $p = .02$) and incarceration (20.6% vs. 25.6%, $p = .03$) in their early 20's, and higher rates of full time employment (42.7% vs. 36.4%, $p = .04$) for young adults who as children were in CPC during both their pre- school and school age years. Young adults enrolled in CPC in their pre- school years were less likely to have depressive symptoms (12.8% vs. 17.4%, $p = .06$) but effects on mental health were not found for school age CPC participants.

There is a marked contrast between prevention programs like CPC and NFP and evidence based treatment programs in children's mental health. CPC and NFP serve families for extended periods of times, sometimes for years, with a comprehensive set of services and activities. Strong and positive mentoring relationships between service providers and parents are a key feature of both programs. In CPC, longer duration of pre - school participation has been associated with better outcomes, including child maltreatment outcomes. Positive program

effects on child maltreatment have been far stronger several years after participation in the program than at the time of program enrollment or immediately following program completion. Statistically significant program effects on a variety of well being outcomes have been found two to three decades after program completion even though many of these effects were not envisioned by program developers.

In contrast, evidence based children's mental health programs are relatively brief, skill based with cognitive components, and have small to large effects on a limited and clearly defined set of symptoms or behaviors. Programs which fail to quickly and markedly reduce behaviors targeted by an intervention are generally viewed as ineffective. The quality of relationships between therapists and service recipients receives less attention in research studies than adherence to practices and procedures set forth in program manuals. Researchers are interested in the extent to which newly developed parental skills and children's behavior changes are long lasting (they sometimes are); but no one suggests that these programs might effect a range of young adult health and well being outcomes 20 -30 years after children's involvement in the programs. In discussion of evidence based practice, it is common to read claims that "less is more", brief services are more effective than longer courses of treatment and comprehensive sets of services are a waste of money.

The theory and practice of behavior change in prevention programs and in the evidence based children's mental health world have widely diverged, yet there is some impressive evidence for both approaches. Reynolds, et al, mention one program, The Parent Education Program for Teen Mothers (Britner and Repucci, 1997) that provided services for only 12 weeks but which nevertheless demonstrated statistically significant immediate effects on substantiated child maltreatment, a finding suggesting the possibility that brief services can indeed prevent child abuse and neglect. To date, however, prevention programs of this type (more like children's mental health interventions) have not been widely replicated and rigorously tested. There is also a distinct possibility, as Reynolds and his co-authors point out, that programs that serve at risk populations will not prove to be as effective in reducing child maltreatment as economic interventions that reduce child poverty and/ or income inequality or public education campaigns that seek to increase or decrease specific parenting practices.

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