

What will It Take to Prevent and Mitigate the Effects of Neglect?

Antonio Garcia, MSW, PhD (Session Chair)

University of Kentucky College of Social Work

Dr. Sheree Toth (Presenter)

University of Rochester

Dr. Melissa Osborne (Presenter)

Georgia State University

Presentation for the Virtual Capstone Center Consortium Summit on
Disentangling Neglect from Poverty Across Definitions, Outcomes,
Interventions, and Policy Recommendations

April 22, 2022

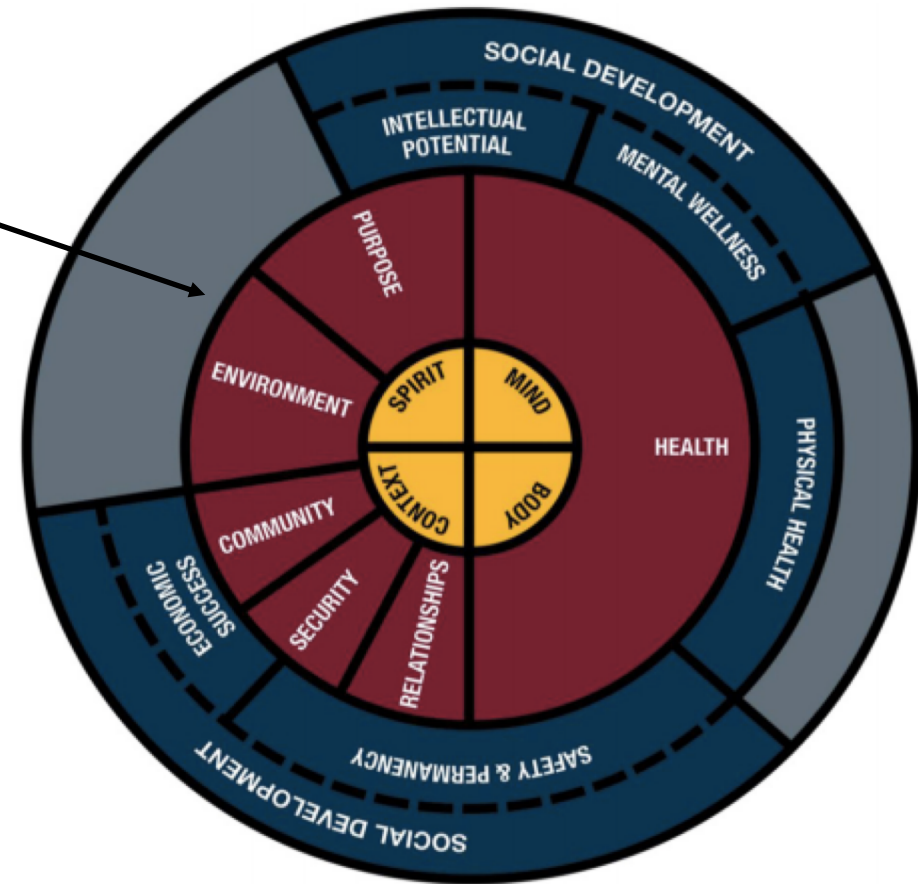


Introduction

- Post MSW experience (2003-06)
 - WA state DCFS –Child Protective Services
- Doctoral education (2006-2010)
 - University of Washington Social Work
- Post-doc research (2010-2011)
 - Child & Adolescent Services Research Center – San Diego, CA
- Assistant/Associate Professor - Upenn SP2 (Fall 2012-2020)
- Associate Professor - UK College of Social Work (Jan 2020-present)

Holistic Approach to Child Well-being

- **Health**- physical health, behavioral and cognitive functioning
- **Relationship**- personal relationships where person feels emotional support
- **Security**- freedom from fear about safety and economic stability
- **Purpose**- meaning and direction for life- spirituality, religion, career planning
- **Community**- geographic- neighborhoods, towns, or states
- **Environment**- relationship/interaction with nature/living things (exposure to land, nature, parks, etc.)



Types of Interventions Needed

- Addresses issues of concern leading to neglect
- Targets complexity/risk factors
- Evidence-based – supported by evidence...

Overview of the CEBC Scientific Rating Scale

In order for the CEBC to rate a program:



It must have a book/manual that describes how to administer it



It must meet the requirements for inclusion into a CEBC topic area



Outcomes of research studies must be published in a peer-reviewed journal



Outcome measures are reliable/valid and administered consistently and accurately

<h2 style="font-size: 2em;">1</h2> <p style="font-size: 0.8em;">Well-Supported by Research Evidence</p>	<ul style="list-style-type: none"> At least 2 rigorous randomized controlled trials (RCTs) with nonoverlapping analytic samples that were carried out in the usual care or practice settings have found the program to be superior to an appropriate comparison program on outcomes specified in the criteria for that particular topic area In at least one of these RCTs, the program has shown to have a sustained effect of at least one year beyond the end of treatment, when compared to a control group.
<h2 style="font-size: 2em;">2</h2> <p style="font-size: 0.8em;">Supported by Research Evidence</p>	<ul style="list-style-type: none"> At least one rigorous RCT in a usual care or practice setting has found the program to be superior to an appropriate comparison program outcomes specified in the criteria for that particular topic area. In that RCT, the program has shown to have a sustained effect of at least six months beyond the end of treatment, when compared to a control group.
<h2 style="font-size: 2em;">3</h2> <p style="font-size: 0.8em;">Promising Research Evidence</p>	<ul style="list-style-type: none"> At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has done one of the following: (1) established the program's benefit over the control on the outcomes specified in the criteria for that particular topic area, (2) found it to be comparable on outcomes specified in the criteria for the topic area to a program rated 3 or higher on this rating scale in the same topic area, OR (3) Found it to be superior on outcomes specified for that particular topic area to an appropriate comparison program.
<h2 style="font-size: 2em;">4</h2> <p style="font-size: 0.8em;">Evidence Fails to Demonstrate Effect</p>	<ul style="list-style-type: none"> Two or more RCTs with nonoverlapping analytic samples that were carried out in usual care or practice settings have found that the program has not resulted in improved outcomes specified in the criteria for that particular topic area, when compared to usual care. The overall weight of evidence does not support the benefit of the program on the outcome specified in the criteria for that particular topic area.
<h2 style="font-size: 2em;">5</h2> <p style="font-size: 0.8em;">Concerning Practice</p>	<ul style="list-style-type: none"> One or more of the following statements is true: (1) if multiple outcome studies have been conducted, the overall weight of evidence suggests the program has a negative effect on the target population being served or on outcomes specified in the criteria for that particular topic area; (2) there is case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe and/or frequent; OR (3) there is a legal or empirical basis suggesting that, compared to its likely benefits, the program constitutes a risk of harm to those receiving it.
<h2 style="font-size: 2em;">NR</h2> <p style="font-size: 0.8em;">Not Able to be Rated</p>	<ul style="list-style-type: none"> The program does not have any published, peer-reviewed study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) that has established the program's benefit over the control on outcomes specified in the criteria for that particular topic area, or found it to be comparable to or better than an appropriate comparison program on outcomes specified in the criteria for the topic area. The research evidence for programs listed NR cannot be established at this time. This does not mean the programs are ineffective, but rather that there is not research evidence that meets the criteria for any other level on this rating scale.

For more information on the CEBC Scientific Rating Scale visit www.cebc4cw.org/ratings/scientific-rating-scale

The CEBC is operated by Rady Children's Hospital-San Diego (RCHSD); Chadwick Center for Children & Families. The CEBC is made possible with funding from the California Department of Social Services (CDSS); Office of Child Abuse Prevention. Any opinions, findings, conclusions and/or recommendations expressed are those of RCHSD and do not necessarily reflect the views of the CDSS.



Interventions for Neglect

Only three interventions received a rating of “2” (only one RCT showed the intervention to be superior to a comparison group for at least 6 months):

1. Childhaven Childhood Trauma Treatment
2. Homebuilders
3. Safe Care

Primary and Secondary Interventions for Neglect

Primary and secondary prevention programs that received a rating of “1” or “2” by the CEBC include:

- Nurse-family partnership
- Positive Parenting Program (TripleP)
- Childfirst
- Safe Environment for every Kid
- Safecare



**Primary*: directed at the general population; designed to prevent neglect from occurring for the first time.

**Secondary*: targeted at families which are at a high risk for neglect.

Common Themes

1. Evidence-supported
2. Target neglect
3. Delivered by trained caseworkers, mental health professionals, or paraprofessionals
4. Underscore building and sustaining positive attachment and parent-child interactions

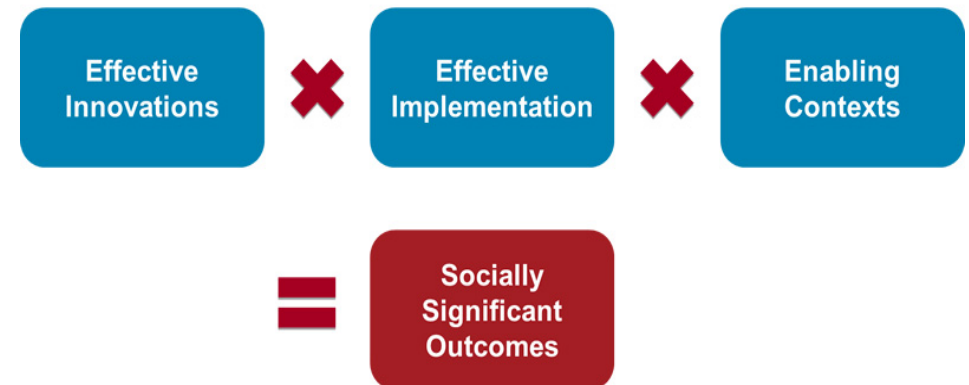
Case Study

I received a referral from a concerned neighbor, alleging four children (ages 2, 4, 5, and 7) were neglected and exposed to ongoing intimate partner violence in the home. There were concerns about the children's lack of medical attention and poor school attendance, parental problems such as substance abuse, drug dealing, criminal history, and quality of living issues such as filthy home conditions and no food in the home. The mother is 24 years of age and is Mexican American, and the father is 28 years of age and identifies as African American.

Implementation Factors

- Characteristics of the intervention
- Characteristics of the Individuals Involved
- Inner Setting
- Outer Setting
- Implementation Process

Formula For Success



Lingering Questions

1. What exactly are the contextual factors that matter the most,
2. How do they affect implementation activities at various stages
3. In what ways do they prevent neglect or address it after it has happened?
4. How do we simultaneously balance social justice and pay tribute to the rich and expansive experiences of an increasingly diverse target population, while also acknowledging and mitigating the contexts that hinder implementation of an intervention?