Getting the Most Juice from the Squeeze: Where SafeCare® and other EBPs Need to Evolve to Better Protect Children

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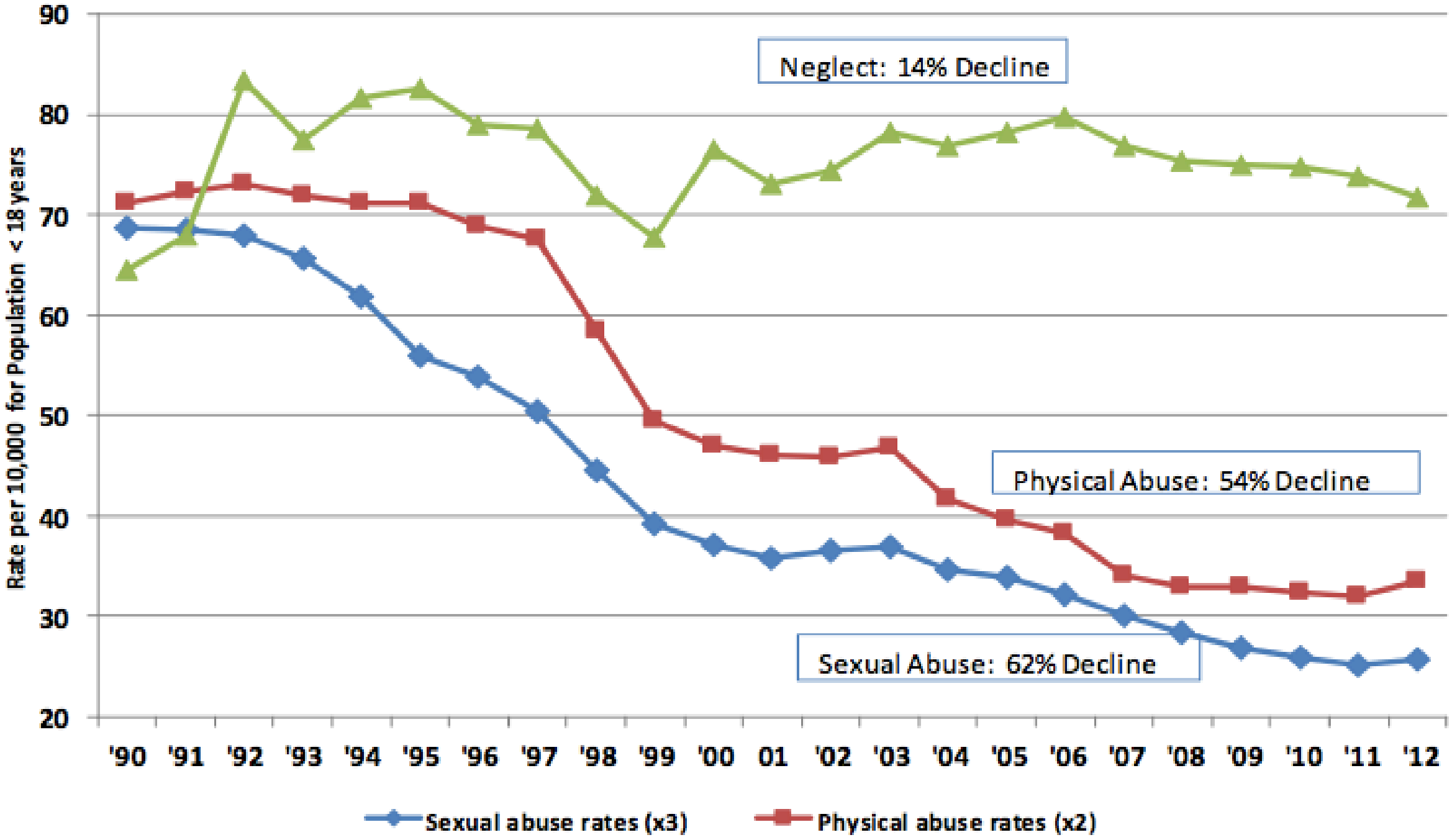
Overview

- Child maltreatment trends, 2012
- SafeCare
  - History
  - Scale-up
- Evidence-based Practices
- Dissemination & Implementation
- Future directions


Neglect: 14% Decline
Physical Abuse: 54% Decline
Sexual Abuse: 62% Decline
Rate per 10,000 for Population < 18 years
90
80
70
60
50
40
30
20
'90
'91
'92
'93
'94
'95
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'98
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'00
01
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'06
'07
'08
'09
'10
'11
'12
Sexual abuse rates (x3)
Physical abuse rates (x2)

SafeCare:

History, Outcomes & Scale-Up

Project 12-Ways

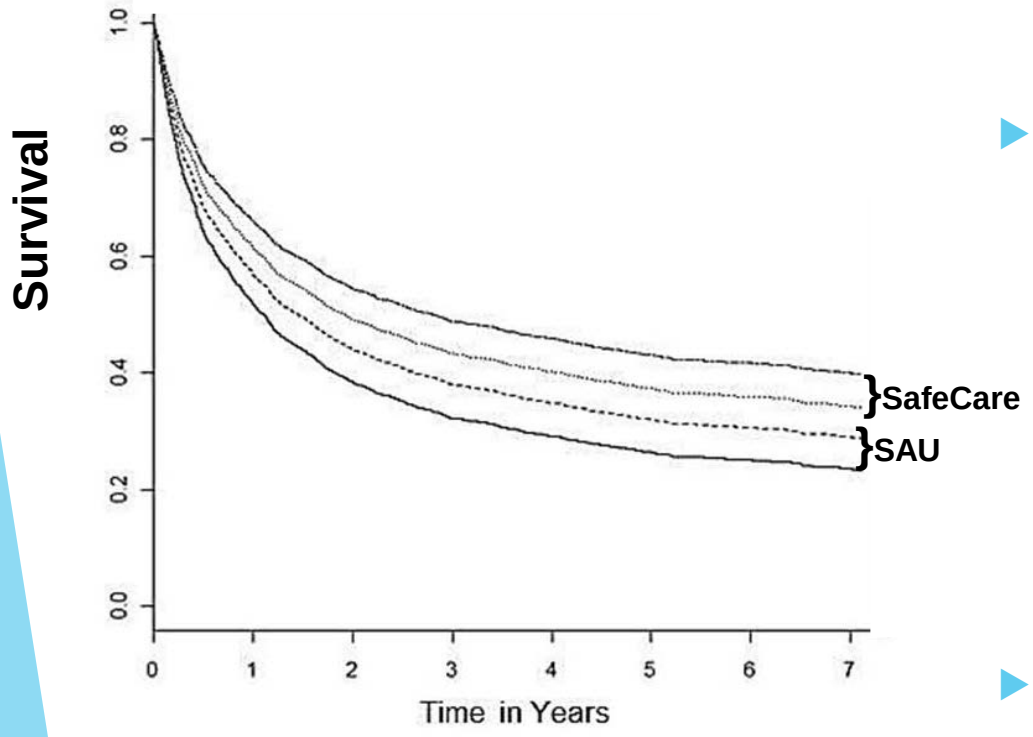
- Parent-child training
- Stress reduction
- Self-management for parents
- Basic skill training for children
- Activities planning
- Relationship counseling
- Alcohol abuse referral
- Job finding
- Money management
- Health and safety training
- Multiple setting behavior management
- Prevention

SafeCare

- Succinct
  - Three modules
    - Parent-child or Parent-infant Interactions
    - Health
    - Home Safety
  - Five sessions per module
- Staff & Training

- National SafeCare Training and Research Center
  - 2007
  - Doris Duke Charitable Foundation

SafeCare: Oklahoma Statewide Trial



- Chaffin, M., Hecht, D., Bard, D., Silovsky, J.F., & Beasley, W.H. (2012). A statewide trial of the SafeCare home-based services model with parents in child protective services. *Pediatrics, 129*(3), 509-515.
- N = 2175
  - 91% women
  - 67% white, 16% American Indian, 9% African American
  - Mean 2.8 children
  - 82% below poverty line
  - 4.7 prior CPS reports
- Results
  - SafeCare decreased re-reports by 26%

Exhibit 1

Monetary Benefits and Costs of Evidence-Based Public Policies

Summary of policy topics assigned to the Washington State Institute for Public Policy by the Washington State Legislature
Estimates for Washington State, as of April 2012

Topic Area/Program Benefits and costs are life-cycle present-values per participant, in 2011 dollars. The programs are listed by major topic area, although some programs achieve benefits in multiple areas. Also, some programs achieve benefits that we cannot monetize, see linked documents for program-specific details.	Last Updated	Monetary Benefits			Costs	Summary Statistics		
		Total Benefits	Taxpayer	Non-Taxpayer		Benefits Minus Costs (net present value)	Benefit to Cost Ratio[1]	Measured Risk (odds of a positive net present value)
Child Welfare								
Nurse Family Partnership for Low-Income Families	April 2012	$22,781	$6,219	$16,562	($9,600)	$13,181	$2.37	80%
Parent Child Interaction Therapy (PCIT) for Families in the Child Welfare System	April 2012	$7,168	$1,277	$5,892	($1,551)	$5,617	$4.62	100%
Intensive Family Preservation Services (Homebuilders)	April 2012	$6,942	$3,759	$3,183	($3,288)	$3,655	$2.11	99%
SafeCare	April 2012	$1,501	$278	$1,223	($102)	$1,399	$14.65	100%
Parents as Teachers	April 2012	$4,992	$1,116	$3,876	($4,227)	$765	$1.18	57%
Alternative Response	April 2012	$852	$257	$595	($96)	$756	$8.88	100%
Triple P Positive Parenting Program (System)	April 2012	$865	$334	$531	($143)	$722	$6.06	100%
Other home visiting programs for at-risk mothers and children	April 2012	$5,138	$1,233	$3,904	($5,603)	($465)	$0.92	44%
Parent Child Home Program	April 2012	$3,920	$1,082	$2,838	($5,496)	($1,576)	$0.71	38%
Healthy Families America	April 2012	$2,589	$1,165	$1,424	($4,601)	($2,011)	$0.56	26%
Other Family Preservation Services (non-Homebuilders)	April 2012	($902)	($208)	($693)	($3,046)	($3,948)	($0.30)	0%

Child welfare programs for which we have not calculated benefits and costs (at this time):

Family Team Decision Making	April 2012	See linked document for meta-analytic results.
Structured Decision Making Risk Assessment	April 2012	See linked document for meta-analytic results.
Dependency (or Family Treatment) Drug Courts	July 2008	See previous WSIPP publication for past findings; update in process.
Flexible Funding via Title IV-E Waivers	July 2008	See previous WSIPP publication for past findings.
Subsidized Guardianship	July 2008	See previous WSIPP publication for past findings.
Circle of Security		Too few rigorous evaluations.
Project KEEP		Too few rigorous evaluations.
Promoting First Relationships		Too few rigorous evaluations.

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SafeCare Sites

International Implementations:

- Belarus
- United Kingdom
- Spain
- Israel

Statewide Implementation

Local Implementation

SafeCare
Stronger Families | Brighter Futures

INTERNATIONAL IMPLEMENTATION

- Belarus
- United Kingdom
- Spain
- Canada
- Israel
- Australia

Adaptations

- American Indians
- Latinos
- Fathers
- Children with behavior problems
- Children ages 5-11
- SafeCare Plus
  - Motivational Interviewing
  - Higher retention
  - Fewer CM reports related to DV
- Local vs. Agency Coaching
- Training
  - Higher quiz scores predict higher fidelity
  - Higher role play scores predict certification completion
- International
- Parents with Intellectual Disabilities
  - Video Assessments

Adaptations: PATSCH

Does combining PAT + SafeCare result in better outcomes for families?

Compared to those receiving PAT, those receiving PAT + SafeCare, will:

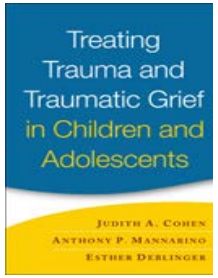
1. Produce even better parenting outcomes

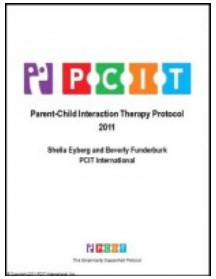
2. Produce children with better developmental outcomes and school readiness

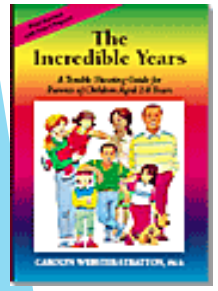
3. Show lower risk of child maltreatment

Evidence-based Practices

Got Treatments?

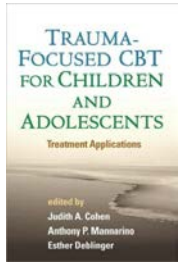


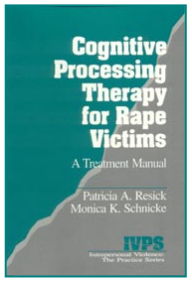


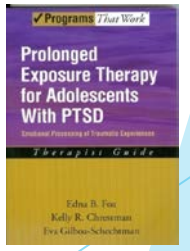


- Trauma-focused Cognitive Behavior Therapy
- Parent Child Interaction Therapy
- Alternatives for Families
- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- Child-Parent Psychotherapy
- SafeCare
- The Incredible Years

- Parent Management Training
- CBT for Children with Sexual Behavior Problems
- Functional Family Therapy
- Dialectic Behavior Therapy
- Multi-Dimensional Treatment Foster Care
- Multisystemic Therapy
- Triple P







Evidence Based Practices

- Birth to 5
- Birth to 18
- Prenatal to …
- Development
- Focus on Parent
- Focus on Child
- Prevention
- Abuse
- Neglect
- Substance Abuse
- Partner Violence
- Special Needs

Evidence-based Practices: Common Themes

- Structured
- Manualized
- Role-playing
- High fidelity
- Developmental
- Positive
- In-home
- Mastery Performance Criteria

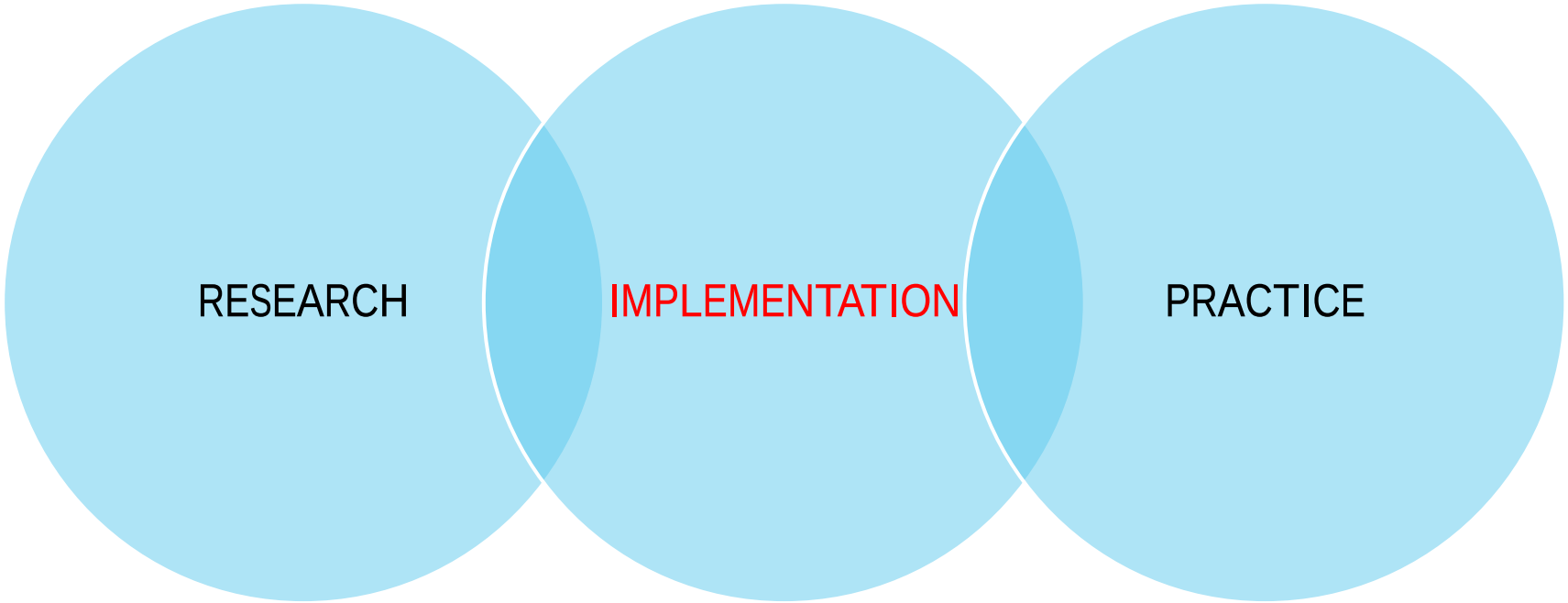
- **NO PANACEAS**

Policy Makers' and Provider Agencies' Dilemmas

- What is an evidence-based practice?
- How do we determine best fits?
- Is MICHEV the whole answer?
- What about website ratings?
- Is there value in testimonials?
  - Whose?
- How thorough are implementation practices?
- What kind of data?

Dissemination and Implementation

Why focus on implementation?



"Children and families cannot benefit from interventions they do not experience."

Lofty Goals for Evidence-based Practices

- Widespread dissemination
- High penetration of use
- Adequate fidelity
- Sustained use

What is missing?

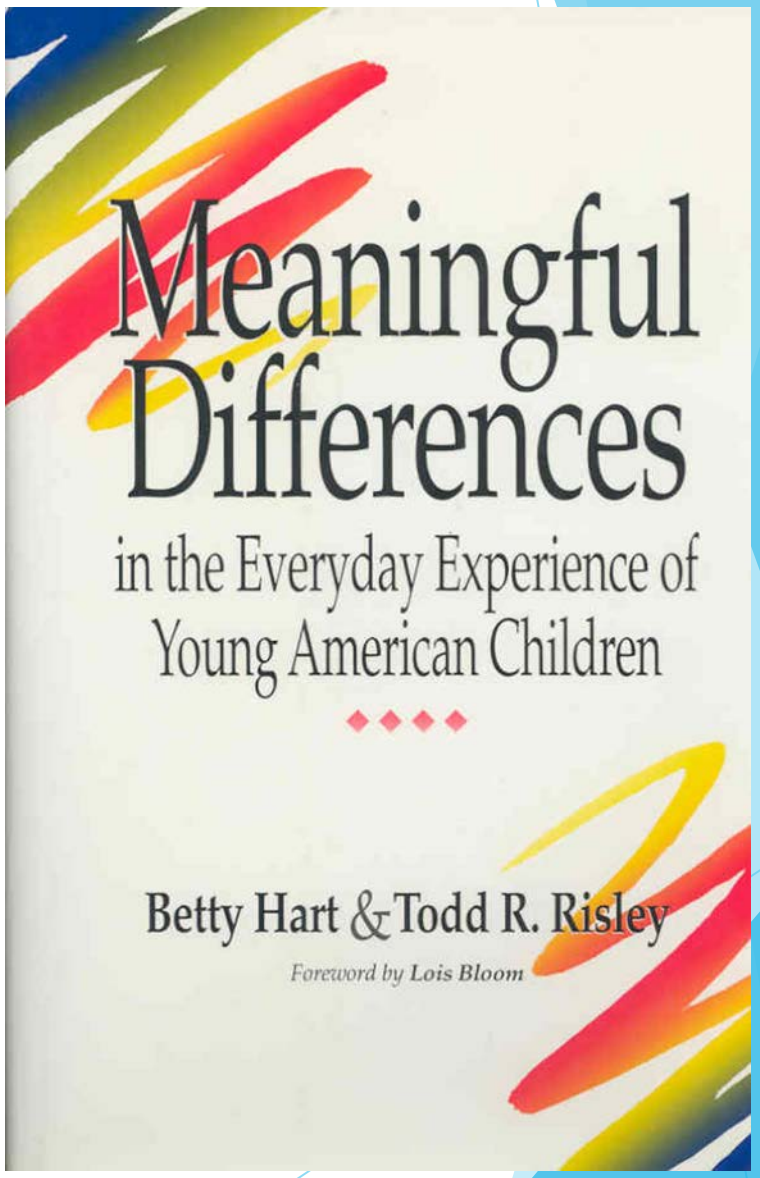
- Better understanding and use of protective factors in high-risk families
- Enrichhment
- Pride with praise
- Best fits

There’s so much to do

- Emotions and fears
- Sex (education) … individual family mores
- Dating
- Death
- Religion

Meaningful Differences:

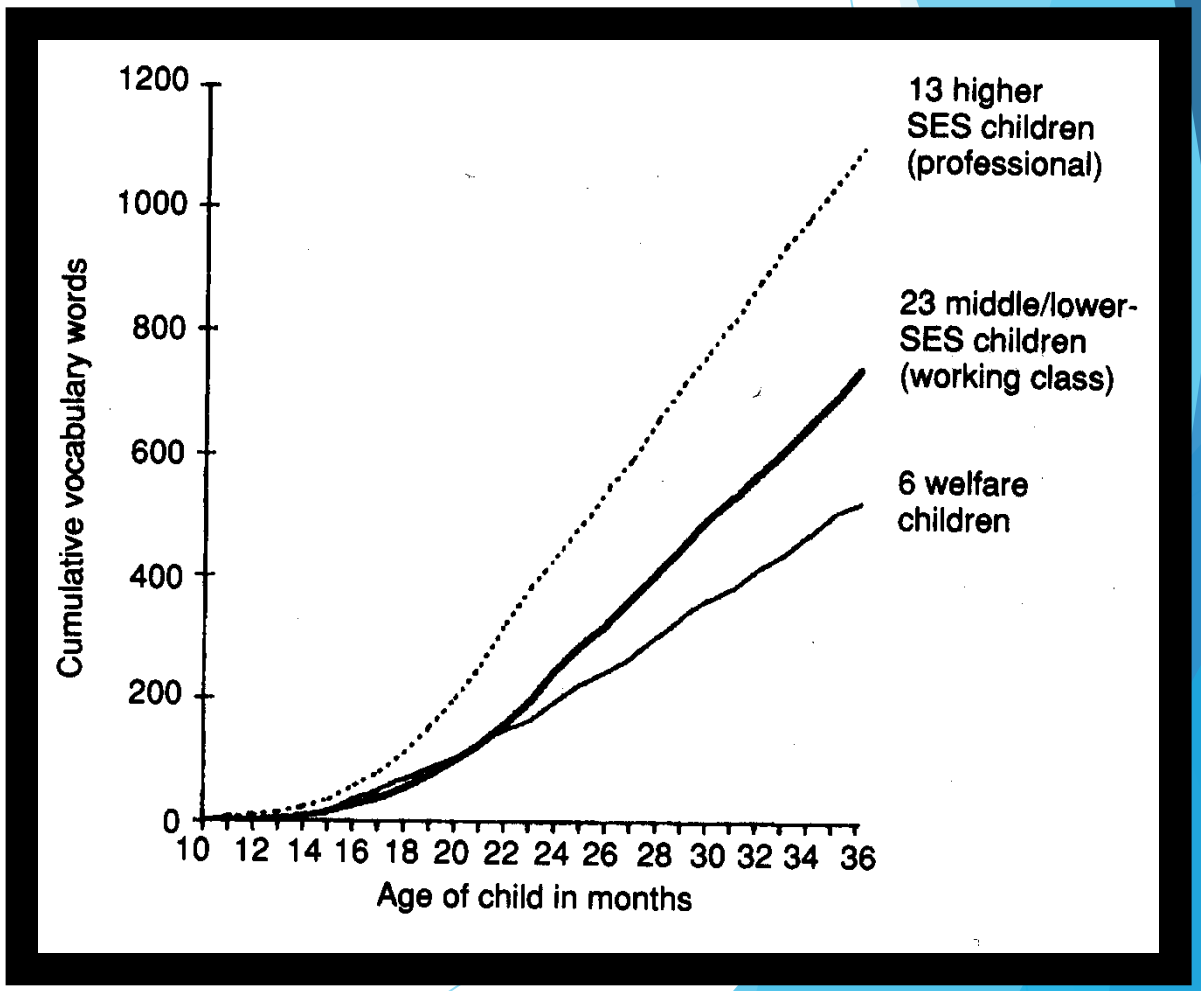
A Prophecy



Parent Utterances to Child

11- 18 Months

Parents	Utterances per hour to child
Professional/Managerial	642
Middle SES	535
Low SES	321



Meaningful Differences: Lessons

- More words = larger and faster vocabulary growth
- First 3 years are critical
- Language = Brain development
- No catching up on vocabulary curve
- Too little language = Perfunctory
- Language = more fun for parents and children
- It's FREE!
- Rate and growth of vocabulary correlates with IQ
- Positive affect bolsters child exploration, inquisitiveness, relationships, listening, practice (GENERALIZATION)

Data Trends

- Fineklhor et al *JAMA-Pediatrics*
  - 2003- 2011 children and youth ages 2-17
  - 27 significant declines in child victimization

Table 1. Victimization rates across 3 samples - 2003, 2008, and 2011

Ages 2 and over
(N=10,183)

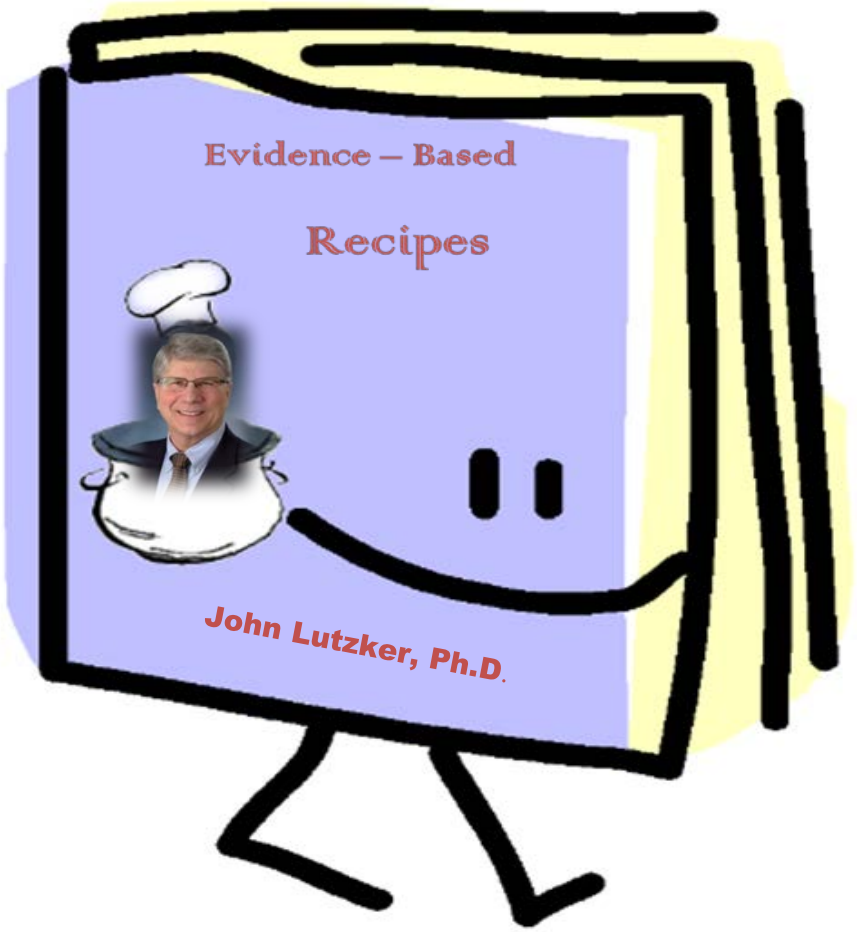
	2003-2011		2008-2011	
Victimization type (past year)	Point Change	Percent Change[a]	Point Change	Percent Change[a]
ASSAULTS				
Any physical assault	-9.3	-33% ***	-2.3	-10%
Assault with weapon	-2.6	-36% ***	-0.4	-15%
Assault with injury	-2.3	-31% **	-0.8	-7%
Assault no weapon or injury	-8.7	-32% ***	-3.4	-15% *
Attempted assault	-1.2	-21%	-0.2	-7%
Kidnap, attmptd or comp	-0.2	-46%	0.0	-14%
Assault by peer or sibling	-12.6	-41% ***	-3.4	-13% *
Genital assault	-0.1	-5%	-0.6	-8%
Dating violence (Ages 12+)	-1.3	-39%	-2.2	-53% **
Bias attack	-0.1	-8%	0.1	12%
Physical intimidation	-8.0	-43% ***	-0.3	2%
Emotional victimization	-3.9	-22% **	-0.4	-3%

- Lutzker et al *JAMA- Pediatrics*
  - Media should know this, hopeful
  - Speculations
    - Bullying programs working
    - EBPs for CM programs starting to have impact
    - Teens spending less face-to-face time
    - Public awareness
    - Changes in social norms
    - Legal efforts
    - Media

- PCAA and state chapters
- CDC and other agencies

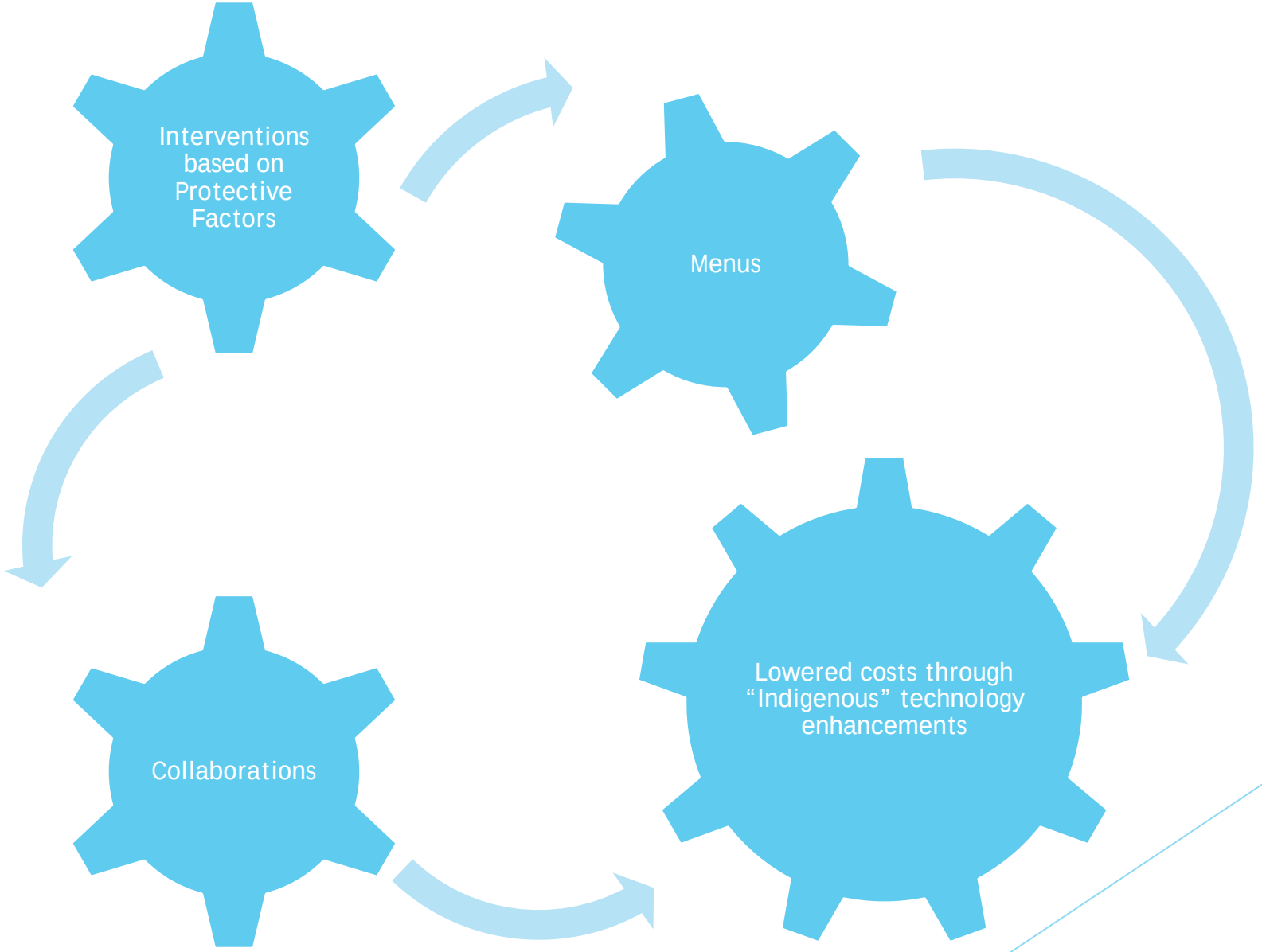
- "Little seems to be gained by limiting oneself to partial benefits initially in order to achieve conceptual purity."
  - Azrin, A.H. (1977)*American Psychologist, 32*, 140-149

- U.S. violence rates still much too high, need to focus on ***prevention***



- Buy-in
- Capacity checklists
- Fidelity monitoring
- Human development curriculum
- Policy changes
- Pyramidal training
- Integrating EBPs
- Best fits for families
- Self-sustaining funding streams
- Skills training
- Systematic/Dynamic replications
- Technology
- Translational Research

What does the future hold?



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