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

John R. Lutzker, Ph.D.
Director, Center for Healthy Development
Distinguished University Professor
Associate Dean, School of Public Health
Georgia State University
Overview

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


- **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*

<table>
<thead>
<tr>
<th>Topic Area/Program</th>
<th>Last Updated</th>
<th>Monetary Benefits</th>
<th>Costs</th>
<th>Summary Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Benefits</td>
<td></td>
<td>Benefit to Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taxpayer</td>
<td>Non-Taxpayer</td>
<td>Ratio (odds of a</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>positive net</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>present value)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Measured Risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(odds of a positive net present value)</td>
</tr>
<tr>
<td><strong>Child Welfare</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Family Partnership for Low-Income Families</td>
<td>April 2012</td>
<td>$22,781</td>
<td>$8,219</td>
<td>$16,562 (9,600)</td>
</tr>
<tr>
<td>Parent Child Interaction Therapy (PCIT) for Families in the Child Welfare System</td>
<td>April 2012</td>
<td>$7,188</td>
<td>$1,277</td>
<td>$5,912 (1,551)</td>
</tr>
<tr>
<td>Intensive Family Preservation Services (Homebuilders)</td>
<td>April 2012</td>
<td>$6,942</td>
<td>$3,759</td>
<td>$3,183 (3,286)</td>
</tr>
<tr>
<td>SafetyNet</td>
<td>April 2012</td>
<td>$1,601</td>
<td>$278</td>
<td>$1,223 (102)</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td>April 2012</td>
<td>$4,992</td>
<td>$1,116</td>
<td>$3,876 (4,227)</td>
</tr>
<tr>
<td>Alternative Response</td>
<td>April 2012</td>
<td>$852</td>
<td>$257</td>
<td>$695          (0)</td>
</tr>
<tr>
<td>Triple P Positive Parenting Program (System)</td>
<td>April 2012</td>
<td>$865</td>
<td>$334</td>
<td>$631 (143)</td>
</tr>
<tr>
<td>Other home visiting programs for at-risk mothers and children</td>
<td>April 2012</td>
<td>$5,138</td>
<td>$1,233</td>
<td>$3,904 (5,632)</td>
</tr>
<tr>
<td>Parent Child Home Program</td>
<td>April 2012</td>
<td>$3,020</td>
<td>$1,082</td>
<td>$2,838 (5,469)</td>
</tr>
<tr>
<td>Healthy Families America</td>
<td>April 2012</td>
<td>$2,859</td>
<td>$1,165</td>
<td>$1,694 (4,601)</td>
</tr>
<tr>
<td>Other Family Preservation Services (non-Homebuilders)</td>
<td>April 2012</td>
<td>($502)</td>
<td>($203)</td>
<td>($303)        (534)</td>
</tr>
</tbody>
</table>

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.
- **Dissolution (Or Family Treatment) Drug Courts**
  - July 2012:
    - See previous WISP publication for past findings; update in process.
- **Flexible Funding via Title IV-E Waivers**
  - July 2012:
    - See previous WISP publication for past findings.
- **Subsidized Guardianship**
  - July 2012:
    - See previous WISP publication for past findings.
- **Circle of Security**
  - July 2012:
    - Too few rigorous evaluations.
- **Project KEEP**
  - July 2012:
    - Too few rigorous evaluations.
- **Promoting First Relationships**
  - July 2012:
    - Too few rigorous evaluations.
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

Good News!
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
- Enrichment
- **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

<table>
<thead>
<tr>
<th>Parents</th>
<th>Utterances per hour to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/Managerial</td>
<td>642</td>
</tr>
<tr>
<td>Middle SES</td>
<td>535</td>
</tr>
<tr>
<td>Low SES</td>
<td>321</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>Victimization type (past year)</th>
<th>2003-2011</th>
<th>2008-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Point</td>
<td>Percent</td>
</tr>
<tr>
<td></td>
<td>Change</td>
<td>Change</td>
</tr>
<tr>
<td>Any physical assault</td>
<td>-9.3</td>
<td>-33% ***</td>
</tr>
<tr>
<td>Assault with weapon</td>
<td>-2.6</td>
<td>-36% ***</td>
</tr>
<tr>
<td>Assault with injury</td>
<td>-2.3</td>
<td>-31% **</td>
</tr>
<tr>
<td>Assault no weapon or injury</td>
<td>-8.7</td>
<td>-32% ***</td>
</tr>
<tr>
<td>Attempted assault</td>
<td>-1.2</td>
<td>-21%</td>
</tr>
<tr>
<td>Kidnap, attempted or comp</td>
<td>-0.2</td>
<td>-46%</td>
</tr>
<tr>
<td>Assault by peer or sibling</td>
<td>-12.6</td>
<td>-41% ***</td>
</tr>
<tr>
<td>Genital assault</td>
<td>-0.1</td>
<td>-5%</td>
</tr>
<tr>
<td>Dating violence (Ages 12+)</td>
<td>-1.3</td>
<td>-39%</td>
</tr>
<tr>
<td>Bias attack</td>
<td>-0.1</td>
<td>-8%</td>
</tr>
<tr>
<td>Physical intimidation</td>
<td>-8.0</td>
<td>-43% ***</td>
</tr>
<tr>
<td>Emotional victimization</td>
<td>-3.9</td>
<td>-22% **</td>
</tr>
</tbody>
</table>

- 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.”


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?

Interventions based on Protective Factors

Menus

Collaborations

Lowered costs through “Indigenous” technology enhancements