

# Programs That Prevent Child Maltreatment

This handout was originally presented to the Task Force on Child Abuse Prevention in November 2004. PCA North Carolina's *Understanding Prevention: An Introduction to Definitions, Principles, and Evidence-Based/Promising Programs* contains further information and updated evaluations of the following programs.

## Home Visiting Programs/Home Based Services

**Nurse Family Partnership** - SELECTIVE - Prenatal and early childhood home visitation program designed to improve maternal and child health and well-being. Home visits conducted by experienced, well-trained and supervised nurses who work intensively with first-time, low-income mothers and their families over a period of two years. Goals for the program include improving maternal and fetal health by helping pregnant women improve their health-related behaviors; improving infant and child health and development by enhancing parental caregiving skills; and improving the families' economic self-sufficiency.

*Evaluation Summary: The Nurse Family Partnership has amassed considerable evidence of reducing child maltreatment through three large-scale randomized controlled trials in which participants were followed over time. Studies found significant reductions in state-verified reports for child maltreatment among all mothers in the treatment group (but particularly for poor unmarried teens) and fewer emergency room visits than controls; significant reductions in subsequent pregnancies; increased rate for labor force participation; significant reduction in low-income mother's behavioral problems due to alcohol/drug abuse. Outcomes for children included fewer arrests, sexual partners and alcohol/substance use at fifteen year follow-up. Although the Nurse Family Partnership is probably the best supported model of perinatal home visiting, recent evaluations have pointed out that outcomes are not as strong when substance abuse and domestic violence are present, and efforts are now underway to address these issues.*

**Project 12 Ways/Project SafeCare** - SELECTIVE/INDICATED - Home-based set of skills-based parent training interventions designed to treat or prevent child maltreatment, with a focus on child neglect. Project 12 Ways consists of a set of twelve protocols focused on building parent skills in the areas of parent-child interaction, health and safety training, stress reduction, self control training for parents, money management, and others. Project SafeCare refined protocols to three: bonding/parent-child interaction training; infant and child health care, and home safety and cleanliness. Originally designed for families involved with child welfare, protocols can be used in prevention programs.

*Evaluation Summary: Over sixty published studies support the efficacy of Project 12-Ways/SafeCare model, including quasi-experimental recidivism studies, and single-case designs. In several studies child maltreatment recidivism was found to be significantly lower than comparison groups (for example, 10% in Project 12-Ways versus 21% in comparison cases). In addition, families improve in their use of a number of activities/skills related to child neglect including appropriate interaction skills, use of planned activities, identification of child illness and injury symptoms; and reducing hazards in home. Currently, Project SafeCare is being implemented statewide in Oklahoma and tested in a randomized trial to determine whether a statewide replication can reproduce the positive effects seen in earlier trials.*

**Healthy Families** - SELECTIVE - Early childhood home visitation program designed to prevent maltreatment, improve maternal/child health and child development, and improve maternal life course outcomes. Home visits begin prenatally or within the first few weeks after birth and can continue up to age five, are targeted toward high-risk mothers, and are conducted by paraprofessionals or professionals.

*Evaluation Summary: Evaluations of Healthy Families programs have produced mixed results. Findings from randomized, controlled trials of Healthy Families programs have not produced significant effects with regard to maltreatment reduction, although there is a large body of quasi-experimental and single group studies that has shown promise in producing positive child health*

outcomes and reducing child maltreatment. Overall, additional experimental evaluation is needed to discern which program elements need to be re-tooled to produce more significant effects (for example, incorporating a cognitive change component), and programs need to more effectively address risk-clusters such as domestic violence, substance abuse, maternal depression and delay of second pregnancy. Currently, discussion is being held among North Carolina stakeholders to determine if a North Carolina model that addresses the issues above should be developed.

**Parents As Teachers** - UNIVERSAL/SELECTIVE - Early childhood education and family support program designed to enhance child development and school achievement through home visits, parent group meetings, periodic developmental screenings, and referrals to community services. Prevention of child maltreatment is one of the program's goals. Home visits conducted by certified parent educators to families with children prenatal through five years old. Standardized curriculum teaches parents about the importance of learning in a child's early years, provides information about child development, teaches parents strategies to foster their child's intellectual/social development, and focuses on enhancing parent-child interaction. The model is committed to a universal approach, but some programs target high-risk groups (low income, adolescent parents) and there are increasing number of programs serving high-risk families who use the Parents As Teachers curriculum (e.g. Healthy Families).

*Evaluation Summary: There have been thirteen outcome evaluations of the Parents as Teachers model; the majority has been quasi-experimental studies although five involved randomized trials of programs that targeted primarily at-risk families (low income, adolescent parent). Findings from studies have been primarily focused on school readiness outcomes and parent involvement in activities that promote learning (e.g. reading books to children). Although studies have examined outcomes related to parenting beliefs and practices (e.g., parent knowledge, attitude, parent child interaction, parental sense of competence), findings in the randomized trials have been inconsistent. A recent report of an ad hoc Scientific Advisory Committee on Parents as Teachers noted that few studies have examined the outcome of child abuse prevention directly, although there is some evidence that Parents as Teachers may reduce maltreatment among adolescent parents. The Committee concluded that additional research is needed using a rigorous design and examining parenting indicators that are specifically associated with maltreatment such as positive parenting practices and parent-child interaction.*

**Parent Aide Program** - SELECTIVE/INDICATED - Developed in the 1970s as one of the earliest home visitation programs designed to strengthen families and prevent maltreatment by using members of a community (volunteer or paid) to work with a family in areas of child safety, problem-solving skills, parenting skills, and social support. The program serves families with children across developmental stages and provides a minimum of four visits a month until families achieve success in all four areas of their treatment plan and maintain those successes for three months.

*Evaluation Summary: No randomized controlled trials with significant sample size have been conducted, although several quasi-experimental (with small sample sizes) and descriptive studies have pointed to positive outcomes for families served by the Parent Aide Program including reductions in recidivism, and improvements in parenting attitudes and skills. Several large retrospective studies have shown significant decrease in parental stress, increases in problem-solving and social support as well a significant reduction in risk for child abuse (in one fifteen year study of 200 families 88% were not resubstantiated). Additional experimental research is needed to assess program efficacy. Currently, a randomized controlled trial (funded through the Office of Child Abuse and Neglect) is being conducted with the Exchange SCAN Parent Aide Program in Winston-Salem, North Carolina. Dr. Neil Guterman is serving as the principal evaluator.*

**Family Connections** - SELECTIVE - Multi-faceted, community-based service program that works with families with children between ages of five and eleven who have no current Child Protective Services involvement and who exhibit risk for neglect. Core components include emergency assistance; home-based family intervention (family assessment, outcome driven service plans, individual and family counseling); service coordination with referrals targeted toward risk (e.g., substance abuse treatment) and protective factors (e.g. mentoring program); multi-family supportive recreational activities.

Services are offered in three month increments for up to nine months and include individual, conjoint and family and group counseling; service facilitation and advocacy.

*Evaluation Summary: An on-going randomized, controlled trial which compares short (three month) versus longer-term (nine month) doses of services has demonstrated significant improvements in parenting attitudes, parenting competence, social support, parental depressive symptoms, physical and psychological care of children. Services in this model were originally provided by social work graduate students and the model is currently undergoing effectiveness trials in several sites across the United States Services with support from the Children's Bureau.*

## Parent Education/Parent Training Programs

**Parent Child Interaction Therapy** - INDICATED - Parent training program originally designed to treat children (age two to eight) with conduct problem behavior and now being used for treatment with physically-abusive families. Designed to help parents improve parenting skills; help parents build a warm and responsive relationship with their child; and decrease child behavior problems in fourteen weekly, one hour sessions. Trained therapists “coach” parents (use of a one way mirror in which therapist uses a microphone device from another room) in child management techniques (e.g. how to praise appropriate behavior, ignore undesirable behavior, give clear, age-appropriate instructions, how to implement “time-outs”) while parents are interacting with their children in a safe environment.

*Evaluation Summary: There is a strong body of evidence supporting the efficacy of Parent-Child Interaction Therapy (PCIT) as a treatment program for children with externalizing behavior problems (age two to eight). There is a growing body of evidence that supports use of PCIT with physically abusive parents. One recent randomized trial (Chaffin et al. 2004) found that 19% of parents assigned to PCIT had a re-report for physical abuse compared to 49% assigned to standard community-based parenting group (parent education). PCIT has been cited as an evidence-based practice by the Kauffman Best Practices Project to Help Children Heal from Child Abuse.*

**Nurturing Program** - SELECTIVE/INDICATED - Home and group-based parent education sessions designed to treat child maltreatment, prevent its recurrence, and build nurturing parenting skills in at-risk families. Fifteen separate curriculums exist based on age of child and family needs (substance abusing families; foster families) and include activities for both parents and children. Number of sessions range from nine to forty-eight and focus on discipline, empathy, developmentally appropriate expectations, stress and anger management, and substance abuse among others. Content delivered through activity manuals, parent handbooks, instructional video, group discussion, and games.

*Evaluation Summary: Numerous evaluations have been conducted on the Nurturing Program using a pre-post test, non-experimental design; several with longitudinal follow up. The initial trial was a pre-post design (no control group) with abusive families. Using a battery of standardized inventories, parents significantly improved attitudes about parenting practices (including developmental expectations, corporal punishment, parent-child role reversal); demonstrated increases in abstract reasoning, enthusiasm, social boldness, self-assuredness and reductions in anxiety and tough demeanor; and increased their knowledge about behavior management concepts and techniques. Families demonstrated increased cohesion and expressiveness and reduced family conflict. Numerous subsequent evaluations using pre-post design have replicated these results.*

**Circle of Security** - SELECTIVE/INDICATED - A twenty-week, group-based parent intervention program designed to enhance “attachment-caregiving relationships” between parents and their children. Based on attachment theory and current research on early relationships, the intervention uses edited videotapes of interactions between the parent participants and their children to help parents increase their sensitivity and responsiveness to their children’s needs in an effort to promote secure attachment between caregiver and child. Can be implemented in a group format or individually with parents.

*Evaluation Summary: Currently corresponding with the Principal Investigator to discuss evaluation design and results. A 2002 article noted that preliminary results from evaluation of seventy-five parent-child pairs looks promising in strengthening attachment relationship.*

## Additional Programs

Following are several parent education/parent training programs that have strong evidence with regard to preventing and treating emotional/behavioral disorders in children, and other negative outcomes. They target parental knowledge, skills, attitudes and behavior and target risk factors closely associated with child maltreatment such as harsh physical discipline, coercive parent/child relationships, verbal aggression, negative attributions of child behavior, family communication and family cohesion. Although these programs have not been tested, or tested extensively with regard to child maltreatment prevention, they hold promise and should be considered by prevention practitioners.

**The Incredible Years** - UNIVERSAL/SELECTIVE/INDICATED - Comprehensive, developmentally-based intervention with components for parents, teachers and children (age two to twelve years) designed to prevent and treat emotional/behavioral problems in young children by promoting children's social, emotional and academic competence; strengthening parental competence and family relationships; promoting teacher competence in managing classroom behavior and strengthening school-home connections. Interventions use a group format and deliver content through multiple methods including video, discussion, activities, role playing, and home assignments.

*Evaluation Summary: All three components have been extensively evaluated using randomized control group studies and have shown consistently positive results. One study of the program used as a universal program for preventing conduct problems in Head Start Children found that mothers in the treatment group were significantly less likely to verbally attack or criticize their children or to use physical punishment such as hitting or spanking. They used less harsh discipline; were more nurturing, reinforcing, and competent in parenting; used more consistent discipline, and more appropriate limit-setting techniques. Children in the treatment group demonstrated fewer negative behavior and conduct problems, less noncompliance and more pro-social behaviors. Although the Incredible Years has not measured child maltreatment reduction specifically, it holds promise for reducing negative parenting behaviors that may contribute to abuse.*

**Triple P (Positive Parenting Program)** - UNIVERSAL/SELECTIVE/INDICATED - Multi-level set of parenting interventions that primarily targets the treatment/prevention of emotional/behavioral disorders in children, but also focuses on the prevention of other negative outcomes such as child maltreatment and juvenile delinquency. Interventions range from the provision of brief information resources such as tip sheets and videos at Level One, to brief targeted interventions (for specific behavior problems) offered by primary care practitioners at Levels Two and Three, to more intensive parent training programs at Level Four and Level Five targeting broader family issues such as relationship conflict and parental depression and stress. Triple P targets five developmental periods from infancy through adolescence and aims to help parents create a safe, engaging and positive learning environment for their children, use assertive discipline, have realistic expectations, and take care of oneself as a parent.

*Evaluation Summary: Numerous randomized controlled trials have been conducted to evaluate different levels of the program with regard to reducing children's oppositional behavior and have produced favorable results. At least one study has focused on parents recruited from child protection who were experiencing significant difficulties in managing their anger and interactions with their children aged two to seven years. Parents were randomly assigned to the Enhanced Triple P (Level Five) or the standard Triple P (Level Four). Both groups had lower reported and observed disruptive child behavior, lower reported parental distress, relationship conflict, parental anger, blame, negative attributions, unrealistic expectations, and potential for child maltreatment. Only one family was reported for child abuse in the six month follow up period. Currently, the model is being replicated and tested in South Carolina (through support from the Centers for Disease Control) for the prevention of maltreatment.*

**Strengthening Families** - SELECTIVE/INDICATED - Family skills training program for elementary school children (ages six to twelve years) and their families, designed to improve family relationships, parenting skills, and youth's social and life skills to reduce problem behaviors in children, improve school performance and reduce alcohol/drug use in adolescents. Although originally designed for children of alcohol or drug abusers to prevent behavioral problems, the program is now being offered to parents with children in the child protection system, as well as other at-risk groups. Program implemented in fourteen, two-hour family training sessions in which parents and children meet separately for the first hour to focus on skills development (parents - child behavior management; children - social and problem-solving skills) and then meet together for a structured parent-child interaction activities in which they can practice their skills. A second program has been developed that target youth ten to fourteen years of age and their parents.

*Evaluation Summary: Strengthening Families has amassed considerable evidence through numerous randomized controlled evaluations and has been shown to be efficacious with a variety of populations (African-American families, Hispanic families, families living in urban, suburban, and rural communities). Outcomes related to child maltreatment prevention include significant differences in parents' depression, parent' alcohol and drug use, decreases in family conflict and stress, increase in parenting confidence and efficacy, parenting knowledge and positive parenting behavior skills. For children outcomes include improved social and communication skills, and pro-social support among peers.*

**Parenting Wisely** - SELECTIVE/INDICATED - a brief, interactive, self-administered, computer-based program that teaches parents and their children (nine to eighteen years of age) skills to prevent delinquent or substance abusing behavior. Parents and children watch video clips showing families in nine common problem situations (e.g. children not doing chores) and then parents choose from among three problem solution methods presented. Feedback about positive and negative consequences of the choice is given and parents receive additional instruction through a workbook with solutions and critiques, review questions, and detailed skill practice exercises. Program provides instruction in effective parenting skills through use of demonstration, quizzing, repetition, rehearsal, recognition and feedback from correct and incorrect answers. The program is being implemented in numerous locations including community mental health agencies, substance abuse treatment programs, and child protection agencies.

*Evaluation Summary: Thirteen evaluations of Parenting Wisely have been conducted, of which five involved the random assignment (small sample sizes) of parents to treatment and control groups. Overall, the studies suggest that parents participating in the program demonstrate increased knowledge and use of good parenting skills; improved problem-solving; increased ability to set clear expectations; and reduced spousal violence and violence toward their children. Additional experimental studies using larger sample sizes are needed but the program is currently listed as a Model Program and is seen as a cost-effective intervention.*

## Self-Help/Social Support

**Parent Anonymous** - UNIVERSAL/SELECTIVE - Founded in 1969, Parents Anonymous is one of the oldest child abuse prevention programs in the country. A mutual, self-help parent support group program open to all parents that focuses on shared parent leadership, effective mutual support, and long-term personal growth for parents and children. Weekly group meetings are co-facilitated by parents and professionally trained facilitators, and are open to parents free of charge. Free childcare or children's programs are usually offered. The model focuses on reduction of risk factors such as unrealistic expectations, ineffective coping and social isolation and increasing protective factors such as social support, problem-solving strategies and self-esteem.

*Evaluation: Research on this model has been limited, but findings have been consistently positive. An initial study using a pre-post design (no control/comparison group) found that participants who had been in the group at least one year reported reductions in abusive behavior, and increase in self-esteem, frequency of social contacts, and knowledge about child behavior. A second study*

suggested that Parents Anonymous might be a key element in service delivery plans for at-risk and maltreating parents, finding that families who were involved in Parents Anonymous services were more likely, regardless of other services provided, to improve on measures of parental stress, appropriate behavior toward child, and parental knowledge. Currently, the Office of Juvenile Justice and Delinquency Prevention is funding a national outcome evaluation of Parents Anonymous. The evaluation is a longitudinal research design that compares groups with low Parents Anonymous model implementation to groups with high model implementation, and which will follow participants for six months regardless of their continued participation in the program.

**Circle of Parents** - UNIVERSAL/SELECTIVE - Mutual, self-help parent support group - very similar in theory and design to Parents Anonymous - in which parents who are experiencing difficulties in their parenting roles can exchange ideas, support, information and resources. The group is co-led by a parent and a professional, is open to all parents/caregivers with children of all ages (although some Circle of Parents groups target specific population such as single mothers, or parents of children with special needs/disabilities), is free of charge, and typically meets once a week. Programs provide a children's program or quality childcare. Circle of Parents programs focus on reducing parent isolation, increasing positive parenting practice, strengthening parent communication skills and problem-solving, and promoting parent leadership.

*Evaluation: Circle of Parents draws from the theoretical foundation and research of Parents Anonymous, and because it is a relatively new program, has very limited research to date. Nevertheless, two studies have been conducted in Minnesota and Florida that employed one-time surveys that asked participants to rate their parenting expectations and activities before their participation in the program and after their participation. Questions fell into four domains that included self-management skills; quality of parent/child relationship; parenting skills or parenting practices; and use of formal and informal support systems. Additional questions about group participation, empowerment and leadership were also included. Both studies reported statistically significant improvement in all four domains for program participants, and longer participation was positively correlated with increased improvement for participants. PCA North Carolina is currently investigating potential outcome evaluation designs for North Carolina's Circle of Parents programs.*

**Parent To Parent** - SELECTIVE - Matches trained veteran parents of children with special needs with newly referred parents who are experiencing similar issues with their own children. Parents are able to share common experiences, obtain social support, and learn about resources for their children within the community.

*Evaluation: Still working to identify all evaluation studies. At least one evaluation in which parents were randomly assigned to a veteran parent or to an eight week "wait list" group found that parents in the Parent to Parent program helped parents gain acceptance of their child's special needs; helped some parents cope better and increased their feelings of being able to problem-solve.*

## Early Childhood Initiatives

**Chicago Child-Parent Centers** - SELECTIVE - A federally funded (Chapter 1), center-based early childhood program for low-income children in preschool through third grade (ages three to nine years). Designed to improve children's school readiness through four features: early intervention, parent involvement, a structured language-based instructional model, and program continuity between the preschool and early school-age years. The Centers utilize a multi-faceted parent program that includes a parent resource room staffed by a Head Teacher, parental involvement in the classroom, and home visits focused on increasing parental involvement in their child's education. Comprehensive health and nutrition services (health screenings, nursing services, free breakfasts and lunches), community outreach (school-community representative, family recruitment, resource mobilization, home visitation), low teacher/student ratios, and a comprehensive school age .

*Evaluation: Most of the support for the Chicago Child-Parent Centers (CPC) is from the Chicago Longitudinal Study - a quasi-experimental study of 1,539 low-income, mostly African American children (1,150 in twenty CPC preschool and kindergartens;*

389 from six randomly selected schools with kindergarten programs for low income children). These children and families were followed longitudinally for fifteen years. Overall, children who participated in one to two years of CPC had higher reading and math achievement test scores and lower rates of grade retention and special education placement, were more likely to complete high school, had fewer violent and nonviolent arrests, and fewer drop-outs than control group. The longer the children participated in the CPC program, the greater the effects. Children who participated in CPC preschool were 52% less likely to be victims of maltreatment (measured through court and CPS reports) at fifteen year follow-up. Again, the more participation in CPC programming (continuing through second or third grade), the lower the rates of maltreatment.

**Early Head Start** - SELECTIVE - A federally funded community-based program for low-income, pregnant women and families with infants and toddlers up to age three. Goals are to promote healthy prenatal outcomes for pregnant women, enhance the development of children ages 0-3, and support healthy family functioning through either center-based, home-based or a combination of center and home-based services. Services include early childhood education, parent education, home visitation, comprehensive health and mental health services for children and parents; adult literacy, education and job skills training, assistance in obtaining safe housing, income assistance, and transportation.

*Evaluation:* A large-scale, experimental study of Early Head Start involved 3000 families across seventeen sites that provided a center-based, home-based and a mix of center and home-based services. Overall impacts were modest and positive, with mixed services (home and center-based) having the greatest effects and some sub-populations (African American families) demonstrating larger effects. Low-risk and high risk families did not seem to benefit from services as much as moderately-high risk families. Although maltreatment was not measured specifically, Early Head Start parents were observed to be more emotionally supportive, less likely than control-group parents to engage in negative behaviors (spanking) less detached, and reported a greater repertoire of discipline strategies, including milder and fewer punitive strategies.

## Primary Health Care Initiatives

**Healthy Steps for Young Children Program** - UNIVERSAL - Initiative to improve delivery of developmental and behavioral services to young children through pediatric practices. Program added two nurses, nurse practitioners, early childhood educators, or social workers (all with training and experience in child development and each carrying a caseload of approximately 100 families) to the staffs of fifteen pediatric practices in fourteen states. Healthy Steps specialists met with physicians and parents during office visits, made home visits, staffed call-in child development phone lines, performed developmental assessments, provided developmental materials to parents, organized parent support groups, and made community referrals.

*Evaluation Summary:* A trial of several thousand families found that parents in the Healthy Steps program had reduced likelihood of slapping their child in the face or spanking with an object and an increased likelihood of using negotiation and timeouts for discipline compared to control group; parents were four to twenty times more likely to receive developmentally oriented care; children had better continuity of care and decreased likelihood of having an emergency department visit in the past year for injury-related causes. In addition, mothers in Healthy Steps were twice as likely to discuss feelings of sadness and depression with someone in the pediatric office as mothers in the control group.

## Respite Care

No specific model of respite care was identified in this review. Respite care is discussed below as a general strategy for child abuse prevention.

UNIVERSAL/SELECTIVE/INDICATED - Respite care provides a range of services including temporary childcare, support, and referral services for families in order to reduce stress, support family stability, prevent child maltreatment and

minimize the need for out-of-home placement. Respite may be pre-planned and scheduled, or it may be crisis or emergency oriented. It may be center-based, or it can take place in the home of the caregiver or the child. It is often part of a more comprehensive early intervention strategy provided to children with developmental delays, disabilities, and other special needs (low birth-weight infants); to children who have a chronic or terminal illness (HIV/AIDS); to children with emotional and behavioral problems; and to those children at risk for or with a history of child maltreatment.

*Evaluation: The evaluation research examining respite care (particularly with regard to child abuse prevention) has been limited. No randomized controlled trials were identified in this review. Some studies have shown short-term positive effects on reductions of parental stress. A more recent study examined the impact of respite care on families with children experiencing emotional and behavioral problems. Compared to a wait-list comparison group, participating families had fewer incidents of out of home placement, greater optimism about caring for the child at home, and reductions in some areas of caregiving stress. The more hours of services the family used, the better the outcomes.*

## Child Sexual Assault Prevention Education

Child assault prevention education programs are typically school-based programs designed to educate and empower young children to protect themselves from sexual victimization by teaching concepts and skills that are believed to help them recognize, resist, and report sexual abuse. After a comprehensive review of the literature in 2002, PCA North Carolina concluded that although child assault prevention programs have produced gains in children's knowledge of abuse, there was no empirical evidence that children were able to transfer that knowledge into real life situations. In fact, researchers found that participation in a comprehensive child sexual assault prevention program was not associated with a reduced rate of sexual abuse incidence or victimization. PCA North Carolina does not recommend child sexual abuse prevention programs as a universal or selective strategy for prevention, but does believe that it can be effectively used to increase disclosures among children who have already been victimized and who need intervention. We do not currently recommend any specific program but have identified a set of critical elements that should be used in programs.

**UNIVERSAL** - An increasing number of agencies are focusing on the responsibilities of adults to protect children from child sexual abuse and they are employing public health strategies in their efforts. One such initiative, STOP IT NOW!, looks at preventing child sexual abuse by increasing the public's knowledge of the perpetration of child sexual abuse through mass media campaigns; teaching adults the skills to recognize signs of abusive behavior and to intervene before abuse occurs; challenging abusers and potential abusers to seek help; and challenging those family members and friends to confront someone who they suspect is abusive to get help. Several states including Vermont, Michigan, Georgia and Massachusetts are implementing either replications of STOP IT NOW!, or similar efforts and the Center for Disease Control is evaluating a number of these initiatives. Other initiatives, such as Darkness to Light in Charleston, South Carolina are also focusing on the responsibility of adults to protect children from sexual abuse.

## Community and Neighborhood-Based Programs

**UNIVERSAL/SELECTIVE** - Family resource centers are a way to organize and deliver services to a geographically defined community. Family resource centers may be located in schools, churches, housing complexes, hospitals or in independent facilities. These centers involve community members in planning, implementing, and evaluating services that are designed to meet the needs of the surrounding community and may serve a diverse population, depending on the services offered. Family resource centers strive to improve family well-being by providing services such as afterschool programming, parent support groups, respite care, literacy training, parent skills training, employment and assistance with employment, housing, and financial issues. Family resource centers also strive to develop a sense of community cohesion and efficacy by becoming a place where community members know one another, feel empowered, and develop bonds that create strong communities and neighborhoods. Several recent initiatives (e.g., Starting Points Initiative) have developed family resource centers as part of their efforts and focused their services on supporting the parents of young children. These

family resource centers offer single access points for health screening and care, developmental screening, parent and preschool information, and other services targeted at this developmental stages.

**Evaluation Summary:** Despite the prevalence of this model, there has been little empirical evaluation of family resource centers, particularly with regard to child maltreatment. In part, this stems from the difficulties involved with evaluating this type of service and the desire of programs to avoid labeling families as “abusive.” Nevertheless, there is a growing body of evidence that demonstrates that family resource centers can contribute to child and family well-being. For example, in a comprehensive review of family resource centers the UCLA Center for Healthier Children, Families, and Communities cites several studies that indicate that some family resource centers may be effective in improving children’s educational performance. More empirical studies of family resource centers are needed. However, these centers demonstrate promise as a strategy to strengthen families.

## Therapy/Treatment

**Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)** - Intervention designed for children and adolescents who have been sexually abused and their parents. Uses cognitive-behavioral therapy and stress inoculation training procedures to reduce children’s negative emotional and behavioral responses (e.g., post-traumatic stress) and correct maladaptive beliefs and attributions related to the abusive experiences.

*Evaluation Summary:* Multiple randomized clinical trials have found TF-CBT to be efficacious in reducing symptoms of post-traumatic stress disorder among sexually abused children, as well as symptoms of depression and behavioral difficulties. Identified as “the best practice to use with sexually abused children with post-traumatic stress symptoms” by the Kauffman Best Practice Project.

**Abuse Focused-Cognitive Behavioral Therapy (AF-CBT)** - Intervention designed for physically abused children and their offending caregivers. Uses behavioral treatment and cognitive-behavioral therapy methods that target contributors to physically abusive behavior and children’s subsequent behavioral and emotional adjustment. Components are directed at the child, the parent and the parent-child/family domains and focus on promoting pro-social/appropriate behavior and discouraging coercive or violent behavior by focusing on intrapersonal and interpersonal skills (e.g. coping skills for children, managing reactions to abuse-specific triggers and promoting self-control for parents, communication skills to encourage positive interactions).

*Evaluation Summary:* The Kauffman Best Practice Project identifies AF-CBT as a best practice for physically abused children and their families and notes that the methods incorporated in AF-CBT “have been found efficacious” in several outcome studies across various populations.

**Multi-systemic Therapy** - Home-based program that was originally developed to decrease adolescent criminal activity and antisocial behavior (including substance abuse). There have been some efforts to apply the model in the child welfare arena with positive results. The model uses trained therapists to help families and youth address challenges and develop resources/supports in multiple domains (individual, family, peer, school, community) over a four-month period. Staff are available twenty-four hours a day, seven days a week, and have small caseloads of four to six families per therapist.

*Evaluation:* Several controlled, random-assignment evaluations have supported the efficacy of multi-systemic therapy. Overall, results include decreased substance abuse, few arrests, less time in out-of-home placements, less aggressive behavior with peers, and less criminal activity. One randomized trial has been conducted with families who had been investigated for abuse or neglect which demonstrated positive results including parents reporting decreased psychiatric symptoms, reduced stress, and improvement in individual and family problems. Parents were better able to manage child behavior and neglectful parents were more responsive to child’s behavior. A larger, randomized trial is currently underway.

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