



Strengthening Families & Communities

**ARTICLES RECOMMENDED BY THE RESEARCH
DEPARTMENT**

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Articles Recommended by the Research Department

Chaffin, M., Bonner, B. L., & Hill, R. F. (2001). Family preservation and family support programs: Child maltreatment outcomes across client risk levels and program types. *Child Abuse & Neglect, 25(10), 1269-1289.*

In the 1980s, increases in the rates of child maltreatment and the number of children entering the foster care system led to an emphasis on family preservation and family support programs (FPFS). These programs aimed to prevent subsequent child abuse by focusing on family-centered early intervention services, which were designed to support and strengthen at-risk parents and families. To date, most programs have either failed to demonstrate reductions in future abuse rates or have not examined future abuse as an outcome. In the study reported in this article, the authors followed 1,601 low-income clients of 74 different FPFS programs, all of whom were judged to be at moderate to high risk with no current involvement in the child protection system.

The study compared the number of future child maltreatment events reported to Child Protective Services with those who completed the program, those who dropped out, and those who received services only one time. While controlling for risk and receipt of outside services, those who completed the program did not differ on reported events from those who dropped out or from those who received one-time services. Nor was there any relationship between program intensity or duration and outcomes. Among the highest risk parents, however, programs that helped families meet basic concrete needs and those that used mentoring approaches were found to be more effective than parenting and child development-oriented programs, and center-based services were found to be more effective than home-based services. These findings did not, then, support the overall effectiveness of these services in preventing future maltreatment cases.

Cohen, J. A., Mannarino, A. P., & Rogal, S. (2001). Treatment practices for childhood post-traumatic stress disorder. *Child Abuse & Neglect, 25, 123-135.*

Because many of the children who enter our foster care program, particularly treatment foster care, have experienced physical and sexual abuse, neglect, and abandonment, as well as exposure to domestic violence, approaches to treating the long-term effects of early life trauma are of great interest to us. Studies have shown that a significant portion of children exposed to these events develop symptoms of post-traumatic stress disorder (PTSD).

This article reports the results of a survey of 247 clinicians – medical and nonmedical – treating children with PTSD. The survey asked respondents to

identify their preferred treatment approaches for children with this disorder. Those with medical training favored pharmacotherapy, psychodynamic and cognitive-behavioral therapies, while nonmedically trained therapists, such as psychologists and social workers, cited cognitive-behavioral therapy, family therapy and nondirective play therapy as their preferred treatment methods.

Despite lack of research on the use of medications with children suffering from PTSD, 95 percent of the medically trained therapists endorsed pharmacotherapy with this population. Similarly, although studies suggest that cognitive-behavioral therapy is the most effective method for reducing PTSD symptoms in children, both groups of respondents favored more nondirective approaches to treatment, including psychodynamic approaches for the medically trained respondents and play therapy for the nonmedically trained respondents. The authors also noted greater acceptance of the use of eye movement desensitization and reprocessing (EMDR) among nonmedically trained therapists than among those with medical training. They conclude that approaches used to treat PTSD in children are quite diverse and that, for the most part, their effectiveness is untested in rigorous research studies.

Constantino J. N., Hashemi, N., Solis, E., Alon, T., Haley, S., & McClure, S., et al. (2001). Supplementation of urban home visitation with a series of group meetings for parents and infants: Results of a "real-world" randomized, control trial. *Child Abuse & Neglect, 25(12), 1571-1580.*

Home visitation is effective in reducing rates of child maltreatment and enhancing psychosocial outcomes in children and their parents. Even when available, however, visitation programs are underutilized by parents in some urban settings. This article describes an evaluation of a 10-session group intervention aimed at increasing active participation in home visitation. The sessions focused on enhancing the quality of caregiving behavior of parents and improving social developmental outcomes in children, with a particular emphasis on promoting parent-infant attachment relationships.

Using a randomized controlled design, the authors studied 148 parents and their 3-to-18-month-old infants. At the six-month follow-up, a significantly higher proportion of parents in the intervention group were participating in home visitation, compared to parents in the non-intervention group. Further, parents in the intervention group showed a trend (though it was not statistically significant) toward improvement in their capacity to appropriately interpret the infant's emotional cues. The article concludes that group meetings may constitute an effective means of engaging stressed, urban families in home visitation.

DePanfillis, D. & Zuravin, S. J. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse & Neglect, 26, 187-205.*

Prevention of subsequent incidences of child abuse and neglect is of primary concern to those involved in treating families known to child welfare authorities. This article draws on a prospective study of 1,167 families who had a founded report of child maltreatment in 1988. A subset of 464 of these families drawn from the case files of a major metropolitan public child welfare agency were followed for the next five years to determine what services they received and whether there were subsequent founded reports of child abuse or neglect. Of the 464 families, 151, or 25 percent, had a subsequent report of child maltreatment during the five-year study period.

Factors that increased the likelihood of maltreatment recurrence included placement of a child out of the home, the presence of domestic violence in the home, lack of family social supports, child vulnerability, and high levels of family stress. The only service variable associated with reduction in subsequent child maltreatment in this study was whether the family participated in any services at all. If a family was engaged in some type of services, the likelihood of repeated maltreatment was reduced by about one-third. The authors suggest this finding indicates that it is the helping relationship, rather than the type of service provided, that reduces the risk of further harm to children. No other service-related variables were associated with the recurrence of child maltreatment in this study.

- Goldberg, M. (2000). Conflicting principles in multicultural social work. *Families in Society, 81, 12-21.*
- Dean, R. G. (2001). The myth of cross-cultural competence. *Families in Society, 82, 623-630.*

These two articles challenge social workers to think deeply about the concept of cultural diversity and its meaning for practice. In the first article, Goldberg elucidates several key conflicts between different values within the social work profession. For example, the importance of maintaining respect for other cultures may come into conflict with the value of opposing oppression, if another culture's beliefs do not support basic human rights for all. Goldberg attempts to derive some new principles that can manage, if not reconcile, such conflicts. The reader can judge how successful her efforts were.

In the more recent article, Dean argues that the often-used terms "cross-cultural competence" and "culturally competent" may be inherently flawed. After reviewing several perspectives (modernist, postmodern, psychoanalytic intersubjectivist, sociopolitical) on cross-cultural practice, the author concludes that cultural competence may be elusive. Instead, cultural understanding of both oneself and others may be all that is feasible. Dean suggests that working from an acceptance of one's lack of cross-cultural competence may be a more appropriate model for practice.

Greene, R. (2001). What does the MTA study tell us about effective psychosocial treatment for ADHD? *Journal of Clinical Child Psychology, 30(1)*, 114-121.

This study discusses findings of the landmark multimodal treatment study, noting some limitations. Psychosocial treatments are explored as a more viable option for treatment of ADHD, and emphasis is placed on carefully matching treatments to children's needs. This article is useful for those exploring creative ways to work with ADHD children.

Jensen, P., Hinshaw, S., Kraemer, H., Lenora, N., Newcorn, J., Abikoff, H., et al. (2001). ADHD comorbidity findings from the MTA study: Comparing comorbid subgroups. *Journal of the American Academy of Child & Adolescent Psychiatry, 40(2)*, 147-158.

This study uses cross-sectional and longitudinal information from nearly 600 children, collected in the ADHD multimodal treatment study, to look at disorders potentially co-occurring with ADHD. Oppositional defiant disorder, conduct disorder, anxiety and depression are considered. Given the frequency at which foster children are diagnosed with these disorders, findings may improve understanding of diagnoses and what that means to our practice.

Reason, R. (1999). ADHD: A psychological response to an evolving concept. *Journal of Learning Disabilities, 32(1)*, 85-91.

Have you ever wondered about the ADHD phenomena in other countries? This article is an abbreviated report by the Working Party of the British Psychological Society, the national organization of psychologists in the United Kingdom. The report discusses ADHD components (psychological, neurological, biological), research, treatment and makes recommendations (e.g., using more stringent guidelines for diagnosis). Also, learn about the (somewhat) parallel disorder in the U.K.: hyperkinetic disorder.

Stanley, J. & Goddard, C. (2002). *In the Firing Line: Violence and Power in Child Protection Work*. Wiley: New York.

Sometimes reading about a small study can lead to wrestling with big thoughts. Stanley and Goddard's thought-provoking new book describes their research with only 50 Australian Child Protective Workers. Yet, the raw data and creative interpretation spotlights the seldom-examined role of violence and intimidation in the practice of Child Protective Services (CPS). While the generalizability of their findings may be unclear and their interpretation perhaps overextended, their observations concerning coping responses to the surprisingly routine traumatization in this sample prompts consideration of the more general impact of workers' reality-based fears when working with violent families. They suggest that inconsistent, seemingly incompetent judgment, emotional deadening and other symptoms of 'burn-out,' as well as occasional unexpected and exaggerated sympathy for perpetrators that may lead to overlooking and distorting the level of risk to children, may stem from working with threatening and assaultive caregivers just as political hostages sometimes defend and protect their own captors (i.e., 'hostage theory').

The book's discussion of the adaptive aspects of this response, as well as the various systemic risks and organizational remedies to this potential problem, can inform program improvement and staff support beyond just investigation and frontline CPS casework.

Farmer, E. M. Z., Wagner, H. R., Burns, B. J., & Richards, J. T. (2003). "Treatment foster care in a system of care: Sequences and correlates of residential placements." *Journal of Child and Family Studies*, 12(1), 11-25.

Despite a somewhat obscure title, this article examines the role of treatment foster care (TFC) in providing a transitional form of care back to their families and communities for youth exiting more restrictive residential treatment settings. In the traditional continuum of care model, TFC is generally conceived of as a short-term form of step-down care to a least restrictive treatment environment. Indeed, the most widely promoted TFC models are structured six to 12-month placements designed to assist a child in the transition back to the family of origin. This is in contrast to the model employed at CFS, which serves primarily as a community and family-based alternative to more restrictive forms of residential care. It is also designed to be open-ended, available to the child for as long as a specialized foster home placement is needed. The findings described in this article suggest that the actual use of TFC in that study was closer to the CFS model than to the transitional form reflected in the continuum of care model. Youth who remained in TFC longer had more stable placement histories than youth who were transitioned back into their families of origin within a one-year period. These youth were more often returned to residential treatment or placed in group homes than those who stayed in TFC. The authors interpret these findings as suggesting that there are multiple roles for TFC, which should be considered in designing systems of care for children and youth with special mental health needs.

Festinger, T. & Pratt, R. (2002). "Speeding adoptions: An evaluation of the effects of judicial continuity." *Social Work Research*, 26(4), 217-224.

This study investigated the effects of a New York City adoption reform project. Many previous studies have documented the fiscal and emotional consequences of children remaining in out-of-home care for long periods of time, and in 1997 ASFA formally focused practitioners on permanency planning. Although several states have implemented programs that attempt to speed adoptions, there are no systematic data indicating whether these efforts actually decrease time frames for children awaiting adoption. As a result, it is difficult for policymakers and program planners to know how to achieve this goal. This project evaluated one method of shortening the duration of time between termination of parental rights (TPR) and adoption formalization. A group of eligible cases (those that were likely to be adopted) were randomly assigned to a control group (receiving the usual court procedures) and a case group (receiving expedited court procedures). The latter procedures included the filing of adoption petitions at the time of the TPR, which kept cases on the court calendar and usually before the same judge from the point of freeing through finalization. Because cases were randomly assigned to either group, any differences in results between the case and control groups can be attributed to the differences in procedures and not specific child or family characteristics.

Results showed that more children in the case group than in the control group were adopted and that they were adopted in a significantly shorter period of time. These results point to the importance of children's cases remaining on the court calendar and continuing with the judge familiar with the case, at least for the group of children with the characteristics specified in this study. This information will be very useful to policymakers and advocates throughout the country.