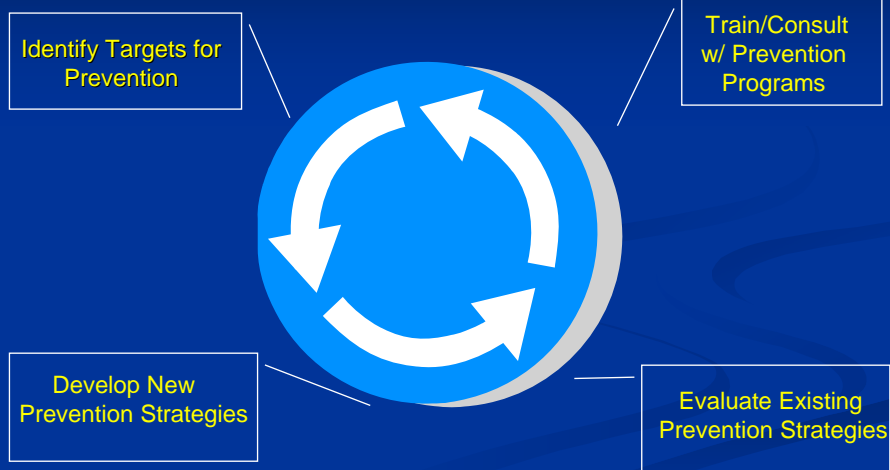


Expanding Prevention's Reach: Extending the Impact of Home Visitation Services

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Child Abuse Prevention Studies Program Cycle



Overview

- Present State of Home Visitation
 - Fit between Need and Strategies
- Second Generation H. V. Strategies
 - Exemplars
- Moving the Field Forward

Home Visitation Programs' Common Core Elements

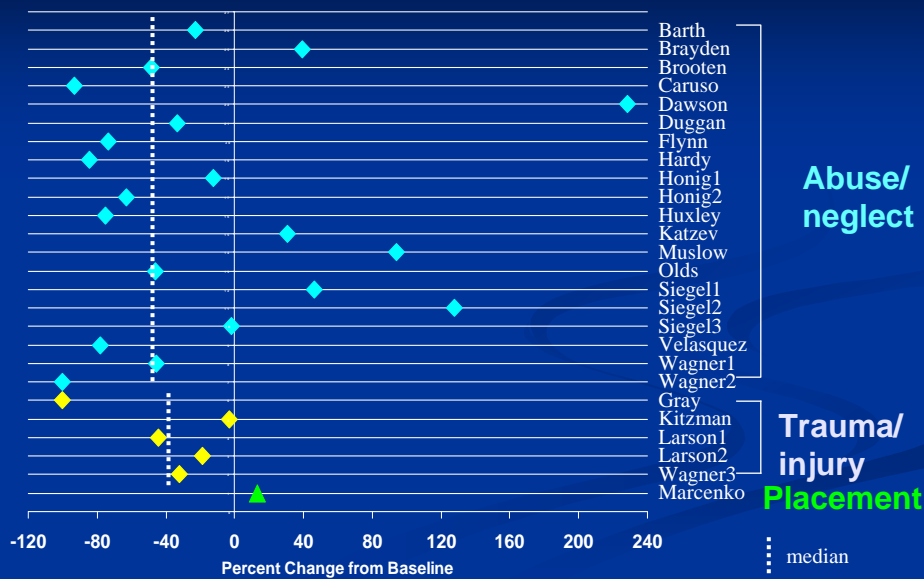
- Services provided in the home
- Initiated perinatally
- Early identification via universal system
- Voluntary participation, proactive
- Parenting education
- Case management support

Maximizing Impact: Weighing the Evidence

- Outcome Studies
- Engagement & Retention Studies
- Risk and Etiology Studies

Weighing the Evidence: Outcome Studies

(Source: CDC, 2003)



Weighing the Evidence Base: Engagement and Retention Findings

- Engagement and Retention Rates Superior to Center-Base Prevention Programs
 - Engagement Ranging from 71%- 92% (Median 77%)
 - Retention Ranging from 74% - 100% at 6 months (Median 87%) and 49% - 92% at 1 year (Median 85%)
- Engagement and Retention Rates Not Optimal
 - Fail to engage approximately one quarter of eligible families
 - Fail to retain substantial proportions of families for full “dosage”

Weighing the Evidence-Base: Unaddressed Risk Elements

- Substance Abuse
- Depression & Powerlessness
- Social Isolation
- Domestic Violence

Second Generation Home Visitation Strategies: Enhancing Retention: Motivational Interviewing Enrichment (Ammerman et al.)

- Who? “At risk” mothers receiving home visiting services (Healthy Families-type services,
- What?
 - Motivational Interviewing strategies for delivery in the home
 - Aims to enhance “readiness to change” by addressing parent ambivalence
 - Adapted from validated, manualized interventions
 - Provided during 1st four home visits, and at 4, 8, 12, and 16 months
- Delivered by Whom?
 - Paraprofessional home visitors
- Evidence?
 - Currently under randomized trial study

Second Generation Home Visitation Strategies: Addressing Substance Abuse

- Substance/alcohol abuse linked with higher maltx. risk, poor parent-child attachment, and developmental outcomes
- Substance exposure in utero linked with clear detriment, psychological detriment
- Typically home visiting programs only address in screening for eligibility, or health related discussions

Second Generation Home Visitation Strategies: Addressing Substance Abuse: Best Beginnings Exemplar

(Anisfeld, et al., 2002)

- Who?
 - Expectant or post-partum mothers who have identified self or primary support person as using an illicit substance or alcohol, or
- What?
 - Augmented Healthy Families-type model
 - Includes motivational interviewing to enhance engagement and participation in service
 - More intensive, around the clock availability
 - Use of harm reduction strategies to minimize substance use risk to children
- Delivered by Whom?
 - Specially trained paraprofessionals to address substance use
- Evidence?
 - Small clinical trial (N = 24) reports positive trends in parenting, maternal depression, infant development

Second Generation Home Visitation Strategies: Addressing Maternal Depression

- High prevalence of depression in perinatal phase
- Significant impact on child development and parent-child interaction quality
- Home visiting alone has shown no impact on maternal depression
- Maternal depression moderates the impact of home visiting services

Second Generation Home Visitation Strategies: Addressing Maternal Depression: (Ammerman et al.)

- Who? Primiparous “at risk” mothers receiving home visiting services (Healthy Families, Nurse Family Partnership), 2-10 months post-partum identified as clinically depressed
- What?
 - Cognitive-behavior therapy to directly address psychological and behavioral components of depression
 - 15 weekly in-home sessions w/ one monthly booster
 - Close coordination with home visitor
- Delivered by Whom?
 - MSW-level social worker as an adjunct to home visitor
- Evidence?
 - Small clinical trial (N = 36) indicates improvements in depression, general improvements in mental health, and social support. Positive (but non-significant) trends in maternal responsivity and parenting stress. Increases in # of home visits by those families receiving the enhancement.

Second Generation Home Visitation Strategies: Addressing Parental Powerlessness and Coping Skill

- Parental Lack or Loss of Power/Control Linked with Child Abuse Risk
- Loss of Parental Power Predicts Coercive and Disengaged Parenting
- Home Visiting Findings Indicate Increasing Parental Sense of Control might Obviate the Need for Ongoing Service

Second Generation Home Visitation Strategies: Cognitive Intervention to Address Low Maternal Power & Coping (Bugental, et al.)

- Who? Expectant or postpartum mothers “at moderate risk” for child maltreatment in a Healthy Families-type program.
- What?
 - Cognitive reappraisal of child behaviors away from self- or child blame
 - Problem-solving training
 - Discussions held at the beginning of 17-20 home visits over a number of months (up to 1 year)
- Delivered by Whom?
 - Paraprofessional home visitors, supervised by clinical social worker
- Evidence?
 - Small randomized trial demonstrated moderate risk families receiving the enhancement significantly lower in maternal depression, less harsh parenting & spanking, improvements in child health, and improvements in maternal perceived power

Second Generation Home Visitation Strategies: Addressing Parents' Social Network Concerns

- Social isolation and social network problems with child maltreatment risk
- Social networks influence parenting over the long-term
- Home visitation shows no impact on improving social network qualities

Second Generation Home Visitation Strategies: “Parents Together/Madres En Union” Social Network Groups (Guterman, et al.)

- Who? Multiparous mothers receiving home visiting services (Healthy Families, other home visiting program types), 3-months or > post-partum
- What?
 - Social networking-empowerment group-based manualized intervention integrated with home visiting services
 - Self-assessment, social skills, problem-solving skills through role plays, buddy-system
 - 6-session professionally initiated, evolving to parent-led self-sustaining network
- Delivered by Whom?
 - Preferably Master-level social worker (or equivalent)
- Evidence?
 - Pilot trial showed significant increase in positive network members, decrease in negative network members, overall improved quality of family and friend support, increase father involvement, increase access to resources, decrease in reported stress, decrease child abuse risk; No direct findings yet on depression, currently examining in ongoing larger clinical trial.

Second Generation Home Visitation Strategies: Addressing Intimate Partner Violence

- Intimate partner violence co-occurs with child maltreatment, especially in its most severe forms
- Witnessing IPV in itself has clear detriment to the developing child
- The impact of home visiting appears to become negligible in cases where IPV is present

Second Generation Home Visitation Strategies: Addressing Intimate Partner Violence: The “DOVE” Program (Sharps, Campbell, et al.)

- Who? Expectant mothers, less than 31 weeks gestation with a history of IPV in past 2 years willing to receive home visitation
- What?
 - IPV screening and support for women who have experienced IPV
 - Nurses work to increase women's awareness of IPV, recognize the dangerousness of their relationships, and identify options to improve safety
 - 6 sessions, 3 prenatal, 3 postnatal
- Delivered by Whom?
 - Perinatal public health nurse
- Evidence?
 - Small clinical trial underway, with qualitative and outcomes components, no findings yet reported

Additional Augmentations

- Engaging Fathers to Improve Father Involvement
- Use of Technology in the Home

Summary

- Home Visitation as an Optimal Vehicle for Delivery of Preventive “Ingredients”
- Maximizing Delivery of Preventive Ingredients
- Next Steps, and Forthcoming Evidence

Questions and Answers?

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