Appendix 8

Evidence review: An analysis of the evidence for parenting interventions for parents of vulnerable children aged up to six years

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Appendix 8: Information collected regarding Healthy Start

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Disclaimer

This analysis of parenting interventions was commissioned by the Families Commission of New Zealand. It was conducted between March and May 2013. Readers are advised to consider new evidence arising post the publication of this review when selecting and implementing parenting interventions.

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Appendix 8: Information collected regarding Healthy Start

The information contained in this appendix was gathered from evaluations involving Healthy Start, including evaluations where Healthy Start was used as a comparison condition in studies testing the effectiveness of Enhance Healthy Start. We initially rated Healthy Start Supported but upon further consideration of the favourable results for Enhanced Healthy Start, we have rated Healthy Start 'Failed to Demonstrate Effect'. In the absence of follow-up data, Enhanced Healthy Start has been rated 'Pending'.

Healthy Start

Intervention components

Healthy Start is a home visiting program delivered to individual parents by paraprofessionals. Healthy Start involves population-based screening for early identification of families with newborns at risk for child abuse and neglect. The intervention is delivered via discussion with parents, active, empathic listening, modelling, role-modelling and individual service plans. Children are linked with continual paediatric primary care and families are linked into needed services, housing, income and nutritional assistance, child care, and educational and vocational training. Content conveyed during the intervention includes problem solving skills and child health and development. They also promote family use of prevention and early intervention service by offering referrals and assist with the resolution of any immediate crises.

Evaluation findings

The REA identified two RCTs that have evaluated this program in the USA. Program details varied slightly across each of these evaluations. In one RCT (Duggan, McFarlane, Windham, Rohde, Salkever, Fuddy, Rosenberg, Buchbinder, & Sia, 1999; El-Kamary, Higman, Fuddy, McFarlane, Sia, & Duggan, 2004; Duggan, Fuddy, Burrell, Higman, McFarlane, Windham, & Sia, 2004a; Duggan, Fuddy, McFarlane, Burrell, Windham, & Sia, 2004b; Duggan, McFarlane, Fuddy, Burrell, Higman, Windham, & Sia, 2004c; McFarlane, Burrell, Crowne, Cluxton-Keller, Fuddy, leaf, & Duggan, 2013; Bair-Merrit, Jennings, Chen, Burrell, McFarlane, Fuddy, & Duggan, 2010), the intervention targeted families of newborns at high risk of child abuse and it aimed to target parent-child relationships, family relationships and systems outcomes. There was an average of 13 visits over the course of 3-5 years, however there were four levels of intensity, ranging from weekly visits to quarterly. Early results for this RCT showed some promise, with some post intervention and early follow-up effects observed. The intervention group had significantly less corporal or verbal punishment and neglectful parenting than the control group (Duggan et al., 2004c). At 2-year follow-up, intervention participants had significantly fewer reports of physical assault, less partner violence resulting in injury, more use of non-violent discipline and greater efficacy, when compared to the control group (Duggan et al., 1999).

By the time the children were 7-9 years old, there were no significant impacts on any of the assessed parenting outcomes (McFarlane et al., 2013) and there were no significant differences between intervention and controls on the incidence of interpersonal violence (Bair-Merritt et al., 2010). The last measure of parental risk factors for child abuse was assessed at 3 years and no significant effects were found (Duggan et al., 2004a).

A separate RCT assessed the effectiveness of Healthy Start for families at risk of dysfunction (McCurdy, 2001). Families received a mean of 28 individual home visits for 1 year, delivered by paraprofessionals. The program specifically targeted family relationships and outcomes were

compared to treatment as usual. The only observed effect in this RCT was at 12 months where the Healthy Start group reported significantly better social support scores than the control group.

Healthy Start compared to Enhanced Healthy Start

In an RCT reported by Bugental, Ellerson, Rainey, Lin, Kokotovic, and O'Hara (2002) new parents at risk of child abuse received a mean of 17 individual home visits from a paraprofessional. The intervention targeted child behaviour and parent-child relationships. The effectiveness of standard Healthy Start was compared to Enhanced Healthy Start (standard plus a cognitive appraisal component) and also compared to treatment as usual. Home visits lasted for 1 year and the final reported assessment was taken at this point. Results favoured the Enhanced version, with significantly less harsh parenting in this group compared to both the other conditions.

Bugental and Schwartz (2009) reported the results of an RCT for children under the age of 6 who were at medical risk. Healthy Start home visits were delivered to individual families for 17 sessions over the course of 1 year and targeted safety and physical wellbeing and parent-child relationships. At post intervention, participants in the Enhanced version faired significantly better than those in both treatment as usual and standard Healthy Start, on corporal punishment and home safety.

Interventio n name (descriptio n where name not available)	Countr y	Interventio n type	Population targeted	Outcomes targeted	Mode, setting, dose and intervener	Delivery	Content	Results Outcome with significant effect favouring intervention at post or number of months/years after post
Healthy Start	USA	Program	Newborns at high risk of child abuse Predominan tly Native Hawaiian or Latin American	Parent-child relationships Family relationships System outcomes	Average of 13 home-based sessions delivered to individual parents by paraprofessionals	Population based screening for early identification of families with newborns at risk for child abuse and neglect Active, empathic listening Discussion Modelling Role-modelling Individual service plans Linked child with continual paediatric primary care Link families into needed services, housing, income, nutritional assistance, child care, and educational and vocational training	Resolving any immediate crises Problem solving skills Child health and development Promoting family use of prevention and early intervention services (referrals)	Less corporal or verbal punishment and neglectful parenting– post Fewer reports of physical assault, less partner violence, more use of non-violent discipline, greater efficacy – 2 year follow-up
			Families at risk of dysfunction	Family relationships	Average of 28 home-based sessions for individual parents delivered by a paraprofessional			Better social support – post

1.1 Healthy Start

Study ID (first surname + year)	Initials of person extracting
Bair-Merrit 2010; McFarlane 2013;	data
Duggan 2004a; Duggan 2004b; Duggan 2004c;	BD
El-Kamary 2004; Duggan 1999	Date 10/05/2013

Full citation

- Bair-Merritt, M. H., Jennings, J. M., Chen, R., Burrell, L., McFarlane, E., Fuddy, L., & Duggan, A. K. (2010). Reducing Maternal Intimate Partner Violence After the Birth of a Child: A Randomized Controlled Trial of the Hawaii Healthy Start Home Visitation Program. *Archives of Pediatrics & Adolescent Medicine*, 164(1), 16-23.
- McFarlane, E., Burrell, L., Crowne, S., Cluxton-Keller, F., Fuddy, L., Leaf, P. J., & Duggan, A. (2013). Maternal Relationship Security as a Moderator of Home Visiting Impacts on Maternal Psychosocial Functioning. *Prevention Science*, 14(1), 25-39.
- Duggan, A., Fuddy, L., Burrell, L., Higman, S. M., McFarlane, E., Windham, A., & Sia, C. (2004a). Randomised trial of a statewide home visiting program to prevent child abuse: Impact in reducing parental risk factors. *Child Abuse & Neglect*, 28(6), 623-643.
- Duggan, A., Fuddy, L., McFarlane, E., Burrell, L., Windham, A., & Sia, C. (2004b). Evaluating a statewide home visiting program to prevent child abuse in at-risk families of newborns:
 Fathers' participation and outcomes. *Child Maltreatment*, 9(1), 3-17.
- Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., Windham, A., & Sia, C. (2004c).
 Randomised trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse & Neglect*, 28(6), 597-622.
- El-Kamary, S. S., Higman, S. M., Fuddy, L., McFarlane, E., Sia, C., & Duggan, A. K. (2004).
 Hawaii's healthy start home visiting program: Determinants and impact of rapid repeat birth. *Pediatrics*, 114(3), e317-326.
- Duggan, A, K., McFarlane, E, C., Windham, A, M., Rohde, C. A., Salkever, D. S., Fuddy, L., Rosenberg, L. A., Buchbinder, S. B., Sia, C. C. J. (1999). *Evaluation of Hawaii's Healthy Start Program. Future of Children*, 9(1), 66-90.

Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA

Was a cluster design used? If so, clustered by schools, communities, families etc.?

No

Country in which study was conducted

USA

Inclusion criteria (what are the criteria for participant inclusion in the study)?

Children:

Parents:

Families of newborns identified as at risk of child abuse and:

(1) gave birth between November 1994 and December 1995 on Oahu; (2) had an English-speaking mother; (3) were not involved with Child Protective Services; and (4) had an infant who was at high risk for maltreatment - \geq 25 on Family Stress Checklist

Exclusion criteria (what are the criteria for participant exclusion from the study)?

Children: Not indicated

Parents: Not indicated

Participant demographics (provide family/household/school etc. details if child/parent details not given)

		Intervention	Comparison
Number assigned	Children		
	Parents	N=373	N=270
Number – final analysis	Children		
	Parents	81% completed 3rd year interview	81% completed 3rd year interview
Age (mean, SD, range)	Children	Not indicated	Not indicated
	Parents	≤18 years n = 78	≤18 years n = 65
		19-25 years n = 178	19-25 years n = 121
		≥26 years = 116	≥26 years = 84
		Mean = 24 years	Mean = 24 years
Sex	Children	Not indicated	Not indicated
	Parents	F = 100%	F = 100%
Education	Parents	High school graduate = 257	High school graduate = 174
Ethnicity/indigenous	Parents	Native Hawaiian or Pacific Islander n = 127	Native Hawaiian or Pacific Islander n = 88
		Asian or Filipino n = 103	Asian or Filipino n = 75
		White n = 39	White n = 36
		No primary ethnicity or other n = 104	No primary ethnicity or other n = 71

	Children	Not indicated	Not ir	ndicated
Notes				
Vulnerability or ma intervention? Selec		ues (Reason this ch pplicable.)	ild/parent/fa	mily is in this
			Intervention	Comparison
			Yes/no	Yes/no
History of maltreatmer were abused)	it (either parents	as abusers or children		
At-risk of maltreatmen	t (no description	of reason)	Yes	Yes
Vulnerable, troubled of mention of maltreatme	- ·	e phrases but no		
Domestic, family or int	imate partner vio	lence		
Teen parent				
Low SES/disadvantaged	ł			
Parental substance abu	ise			
Parent was maltreated	as a child			
Parent has a physical d	isability			
Parent has learning dis disability	ability/difficultly	or intellectual		
Parent has a mental illr	ness			
Child has a disability or	additional needs	5		
Other (please list)				
Cannot tell				
Intervention and co	omparison con	ditions		
What type of appro	oach was the <u>ir</u>	ntervention? (refer	to definitions	5)
Approach type				Yes/no
Program				Yes
Service model				
System of care				
What type of <u>comp</u>	arison conditi	on was used?		
Comparison condition				Yes/no
No treatment (no furth	er detail required	d)		
Treatment as usual/usu	ual care			
Waitlist				

Alternate treatment		Yes							
	food condition being compared								
-	f each condition being compared								
	other community resources								
Intervention delive	ervention delivery and dose (select as many as applicable)								
		Intervention							
		Yes/no							
At what level was it delivered?	Individual parents	Yes							
	Individual parent-child dyads								
	Individual children								
	Individual families								
	Groups of parents								
	Groups of parent-child dyads								
	Groups of children								
	Groups of families								
	Household								
	School								
	Community/region								
	Cannot tell								
Setting of delivery	Home	Yes							
	School								
	Clinic, medical or health								
	Community								
	Other								
	Cannot tell								
Outcome domains targeted	Child development								
	Child behaviour								
	Safety and physical wellbeing								
	Basic child care								
	Parent-child relationship	Yes							
	Family relationship	Yes							
	Systems outcomes	Yes							
Dose	Number of sessions	Mean = 13							

home visits
12 or more visits = 45%
Level 1 = weekly sessions
Level 2 = bi- weekly sessions
Level 3 = monthly
Level 4 = quarterly
Dose delivered - n = 84 had a high dose of service in their first year of enrolment, n = 55 in their second year, and n = 42 in their third year. There were 53 families with a high dose over all 3 years combined.
Dose definitions –
A family was classified as receiving a high dose of service for a given year if the family met three criteria: (1) active in the

		and (3) on Level X for ≤ 3 months
C	Duration of sessions	total. Not indicated
T	Total duration of program	3-5 years
e	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	No
а Б	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	Yes
(Cannot tell	

<u>Results</u> Blair-Merrit et al. 2	2010							
Outcomes Outcome reported in results	<u>Measures</u> How measured		<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.					
		<u>Treatment</u>	Control	Alternative				
Av Incidence Rate of IPV Events per person/year	Conflict Tactics	No difference			7-9 years			
Maternal victimisation	Scale (CTS)							
Av Incidence Rate of IPV Events per person/year	Conflict Tactics	No difference	7-9 years					
Maternal perpetration	Scale (CTS)							
McFarlane et al. 20)13							
Outcomes	Measures	Effect: Post int	ervention res	ults. Indicate if	Follow-up			
Outcome	How	significant and		by using '+' or	Longest poin			
reported in	measured	<i>'-'</i> .			of follow up			
results					(i.e., 6			
					months; 1			
					year)			
		<u>Treatment</u>	<u>Control</u>	<u>Alternative</u>				
Home visited and c		•			onship			
classifications as as								
For both the early of comparable at base				control groups v	vere			
There were no sign 7 to 9 years old	ificant overall in	npacts on any of	the parenting	g outcomes wher	n children wer			

Duggan et al. 2004	а							
Outcomes Outcome reported in results	<u>Measures</u> How measured	Effect: Post in significant and '-'	r Longest point of follow up (i.e., 6 months; 1 year)					
		<u>Treatment</u>	Treatment Control Alternative					
This paper reported no effect significant effects for the intervention on any of the malleable parental risk factors for child abuse assessed (AT 3 YEARS) Duggan et al. 2004b								
Outcomes Measures Effect: Post intervention results. Indicate if significant and the direction by using '+' or '-'. Follow-up Outcome reported in results How measured if significant and the direction by using '+' or '-'. Follow-up (i.e., 6 months; 1 year)								
	-	<u>Treatment</u>	<u>Control</u>	<u>Alternative</u>				
Mother's satisfaction with father's role	Mother's rating of satisfaction	+ MORE likely to be satisfied with accessibility and engagement in child care		In non- violent fathers only	3 years			
Mother's satisfaction with father's role	Mother's rating of satisfaction	- LESS likely to be satisfied with accessibility		In violent fathers only	3 years			
For families overall engagement, or sh			•		bility,			

Duggan et al. 2004	c							
Outcomes Outcome reported in results	Нс	easures ow easured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.			, Longest point of follow up (i.e., 6 months; 1 year)		
			<u>Treat</u>	<u>ment</u>	<u>Control</u>		Alternative	
Common corporal/verbal punishment			+ (les comp conti	pared to				1-3 years (longitudinal)
Neglectful parenting behaviour in past year	Ta (Ro ne	onflict ctics Scale evised glect tegory)	+ (les comp conti	pared to				1-3 years (longitudinal)
El-Kamary et al. 2004								
Outcomes Outcome reported in results	Нс	easures ow easured		<u>t</u> : Post inten nificant an				
			<u>Treat</u>	<u>ment</u>	<u>Control</u>		Alternative	2
Rapid repeat birth (Main outcome in paper)		aternal lf-report	There was no program impact on RRB for mothers overall, after adjustment for the significant baseline differences in demographic variables3 years					
Duggan et al. 1999								
OutcomesMeasuresOutcome reportedHow measin resultsImage: Comparison of the second se		ured	ured Indicate if significant and the direction by using '+' or '-'.		<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)			
				<u>Treatme</u>	<u>nt</u>	<u>Cc</u>	ontrol	
Has a primary care	r	Rates		+ (more r	mothers			Year 2 follow up

who knows family's concerns about child	provider's level of knowledge as indicated by mothers during interview	agreed with this) compared to control	
Any incidence of physical assault	Conflict Tactics Scales	+ (fewer report) compared to control IN ONE AGENCY ONLY	Year 2 follow up
Partner violence resulting in injury	Conflict Tactics Scales	+ (fewer reports of violence) compared to control	Year 2 follow up
Frequent use of non- violent discipline	Conflict Tactics Scale	+ (more common) compared to control	Year 2 follow up
Parenting efficacy	Parenting Sense of Competence Scale	+ (greater) compared to control	Year 2 follow up

Study ID (first surname + year)	Initials of person extracting data		
McCurdy 2001	BD		
	Date 10/05/2013		

Full citation

McCurdy, K. (2001). Can home visitation enhance maternal social support? *American Journal of Community Psychology*, 29, 97-112.

Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA

Was a cluster design used? If so, clustered by schools, communities, families etc.?

No

Country in which study was conducted

USA

Inclusion criteria (what are the criteria for participant inclusion in the study)? Children:

Parents: Families at risk of parental dysfunction based on a review of hospital records. Families

with a mother or father with a score \geq 25 on the family stress index

Exclusion criteria (what are the criteria for participant exclusion from the study)?

Children:

Parents:

Participant demographics (provide family/household/school etc. details if child/parent details not given)

		Intervention	Comparison
Number assigned	Children		
	Parents	N=108	N=104
Age (mean, SD, range)	Children		
	Parents	Mean f = 23.2 years	Mean f = 23.8 years
		Mean m = 27.2 years	Mean m = 26.8 years
Sex	Children		
	Parents	Not indicated	Not indicated
Education	Parents	No High school diploma = 35	No High school diploma = 21
		High school diploma = 49	High school diploma = 55
		More than high school = 15	More than high school = 24
		Unknown =1	Unknown = 0
Ethnicity/indigenous	Parents	Caucasian = 15	Caucasian = 12
		Filipina = 24	Filipina = 29
		Hawaiian = 26	Hawaiian = 31
		Japanese =6	Japanese =7
		Puerto Rican/Hispanic = 6	Puerto Rican/Hispanic = 4
		Samoan= 9	Samoan = 4
		Other = 15	Other = 14
	Children		

	Intervention	Comparisor
	Yes/no	Yes/no
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)		
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged	Yes	Yes
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficultly or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		
Intervention and comparison conditions		•
What type of approach was the <u>intervention</u> ? (refer	to definitions)
Approach type		Yes/no
Program		Yes
Service model		
System of care		
What type of <u>comparison</u> condition was used?		
Comparison condition		Yes/no
No treatment (no further detail required)		
Treatment as usual/usual care		Yes
Waitlist		
		1

Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)

Comparison group – L	Jsual care. Referral services were provided	as necessary.
Intervention delive	ery and dose (select as many as app	licable)
		Intervention
		Yes/no
At what level was it delivered?	Individual parents	Yes
	Individual parent-child dyads	
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
Setting of delivery	Home	Yes
	School	
	Clinic, medical or health	
	Community	
	Other	
	Cannot tell	
Outcome domains targeted	Child development	
	Child behaviour	
	Safety and physical wellbeing	
	Basic child care	
	Parent-child relationship	
	Family relationship	Yes
	Systems outcomes	
Dose	Number of sessions	Mean delivered 28, range = 1-55
	Duration of sessions	Not indicated

	Total duration of program	1 year
Person delivering	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	paraprofessionals
	Cannot tell	

<u>Results</u>

Outcomes Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.			<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)	
		Treatment	<u>Control</u>	Alternative		
Satisfaction with an adult other than a partner	Maternal social support Index	+ (Greater 12 months satisfaction)				
Although they looked at all kind of supports, the satisfaction with an adult other than the partner was the only one that was significantly different. Overall the hypothesis that home visiting would significantly enhance social support was not supported with these data.						
This study didn't	This study didn't report on effects of the intervention on neglect.					

1.2 Enhanced Healthy Start

Study ID (first sur	name + vear)		Initials	of person extra	cting data
Bugental et al. 2002			BD		
bugentai et al. 2002				3/05/2013	
			Date	5/05/2015	
Full citation					
Bugental, D. B., Ellers A cognitive app 243-258	•			c, A., & O'Hara, N. (al of Family Psycho	
Papers cited/refe not already inclue		•••	t relate t	o this interventi	on but are
Was a cluster des etc?	ign used? If so	, clustered	l by scho	ols, communitie	es, families
No					
Country in which	study was con	ducted			
USA					
Inclusion criteria	(what are the	criteria fo	r particip	ant inclusion in	the study)?
Children:					
Parents: All families who were identified					-
Exclusion criteria study)?	(what are the	criteria fo	r particip	oant exclusion fr	om the
Children:					
Parents:					
Participant demo child/parent deta	•••	ide family	/househ	old/school etc.	details if
		Interve	ntion	Comparison 1	Control
Number assigned	Children				
	Parents	96 Fami (across conditio	all three	96 Families	96 Families
Age (mean, SD, range)	Children				
	Parents	26.49 ye	ears	25.02 years	23.74 years

		(mothers)	(mothers)	(mothers)
Sex	Children	F = 41%	F = 47%	F = 66%
	Parents	F = 100% (father present = 50%)	F = 100% % (father present = 61%)	F = 100% % (father present = 44%)
Education	Parents	Mean = 8 years	Mean = 7.5 years	Mean = 7.5 years
Ethnicity/indigenous	Parents	97% Latino	97% Latino	97% Latino
	Children			
Note - 96 families were group numbers not giv Although fathers were Vulnerability or ma intervention? Select	ven). Program wa involved statisti altreatment is	as completed by 73 fa cs only included moth sues (Reason this	milies (76%). ners.	nily is in this
	•		Intervention	Comparison
			Yes/no	Yes/no
History of maltreatmen children were abused)	nt (either parent	s as abusers or		
At-risk of maltreatmen	t (no description	n of reason)		
Vulnerable, troubled o mention of maltreatment	• ·	ese phrases but no		
Domestic, family or int	imate partner vi	olence		
Teen parent				
Low SES/disadvantage	d			
Parental substance ab	use			
Parent was maltreated	l as a child		Yes (50% of intervention sample had been abused)	
Parent has a physical c	lisability			
Parent has learning dis disability	sability/difficultly	or intellectual		
Parent has a mental ill	ness			
Child has a disability o	r additional need	ls		
Other (please list)			Identified as at risk by a moderate score on the Family	

	Stress Checklist. (This includes many items including past abuse, unemployment, crises, substance abuse.)	
Cannot tell		
Intervention and comparison conditions		
What type of approach was the <u>intervention</u> ? (ref	er to definitions)
Approach type		Yes/no
Program		Yes
Service model		
System of care		
What type of <u>comparison</u> condition was used? Comparison condition		Yes/no
No treatment (no further detail required)		Yes (Comparison group 2)
Treatment as usual/usual care		
Waitlist		
Alternate treatment		Yes (Comparison group 1)

Brief description of each condition being compared

Comparison group 1 - Parents in the unenhanced home visitation condition received home visitation consistent with the Healthy Start program, supplemented with information regarding existing services available in the community

Comparison group 2- Parents in the control condition received no direct services but were provided information regarding existing services available in the community

(Note – intervention received home visitation plus an extra cognitive based appraisal component)

		Intervention	
		Yes/no	
At what level was it delivered?	Individual parents		
	Individual parent-child dyads		
	Individual children		
	Individual families	Yes	
	Groups of parents		
	Groups of parent-child dyads		
	Groups of children		
	Groups of families		
	Household		
	School		
	Community/region		
	Cannot tell		
Setting of delivery	Home	Yes	
	School		
	Clinic, medical or health		
	Community		
	Other		
	Cannot tell		
Outcome domains targeted	Child development		
	Child behaviour	Yes	
	Safety and physical wellbeing		
	Basic child care		
	Parent-child relationship	Yes	
	Family relationship		
	Systems outcomes		
Dose	Number of sessions	20 , mean delivered = 17	
	Duration of sessions	Not indicated	
	Total duration of program	1 year	
Person delivering	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher,	No	

		youth worl	ker)				
		Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.) Cannot tell				P	araprofessional
<u>Results</u>							
Outcomes Outcome reported in results	Но	<u>easures</u> ow easured	Effect: Post inte if significant an or ''.				Follow-up Longest point of follow up (i.e., 6 months; 1 year)
			<u>Treatment 1</u> (Healthy Start)	<u>Treatment</u> <u>2</u> (Enhanced Health Start)	<u>Control</u>		
Frequency of Harsh Parenting		onflict ctics Scale		+ (Less harsh parenting than Treatment 1 and Control)			1 YEAR
Prevalence of Harsh Parenting		onflict ctics Scale		+ (Less harsh parenting than Treatment 1 and Control)			1 YEAR

Study ID (first surname + year)	Initials of person extracting data		
Bugental et al. 2009	BD		
	Date 3/05/2013		

Full citation

Bugental, D. B., & Schwartz, A. (2009). A Cognitive Approach to Child Mistreatment Prevention Among Medically At-Risk Infants. *Developmental Psychology*, 45(1), 284-288.

Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA

Was a cluster design used? If so, clustered by schools, communities, families etc.?

No

Country in which study was conducted

USA

Inclusion criteria (what are the criteria for participant inclusion in the study)?

Children: Child referral (by obstetricians and paediatricians) was based on the presence of a medical risk factor; 48 were referred primarily on the basis of preterm status (less than 36 weeks gestational age), 59 referred primarily on the basis of a medical problem (e.g., respiratory problems, cardiac problems), and 40 referred primarily for other reasons (e.g., cesarean delivery). Parental risk (e.g., poverty or history of abuse) was not considered in the referral. Families were eligible for inclusion for children up to 6 months of age.

Parents:

Exclusion criteria (what are the criteria for participant exclusion from the study)?

Children:

Parents:

Participant demographics (Provide family/household/school etc. details if child/parent details not given)

		Intervention	Comparison
Number assigned	Children		
	Parents	N = 51 (45 completed program	N = 59 (57 completed
Age (mean, SD, range)	Children		
	Parents	Mean = 27.1 years	Mean = 27.3 years
Sex	Children	F=43%	F=41%

	Parents	F=100%	F=100%	
Education	Parents	F = 10.2 years	F = 9.5 years	
Ethnicity/indigenous	Parents	83% Latino	91% Latino	
	Children			
Notes				

Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)

	Intervention	Comparison
	Yes/no	Yes/no
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)		
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficultly or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)	Preterm babies (<36 weeks), babies with medical problems eg respiratory/cardiac, other reason (eg caeserian).	

Intervention and comparison conditions		
What type of approach was the <u>intervention</u> ? (refer to definitions)		
Approach type	Yes/nc	
Program	Yes	
Service model		
System of care		
What type of <u>comparison</u> condition was used?		
Comparison condition	Yes/nc	
No treatment (no further detail required)		

 Treatment as usual/usual care
 Image: Constraint of the constraint of the

Brief description of each condition being compared

Control group received Health Start home visitation. (Note – intervention received this plus a cognitively based extension.)

Intervention delivery and dose (select as many as applicable)

		Intervention	
		Yes/no	
At what level was it delivered?	Individual parents	Yes	
	Individual parent-child dyads		
	Individual children		
	Individual families		
	Groups of parents		
	Groups of parent-child dyads		
	Groups of children		
	Groups of families		
	Household		
	School		
	Community/region		
	Cannot tell		
Setting of delivery	Home	Yes	
	School		

		Clinic, me	dical or health			
		Community				
		Other				
		Cannot tell				
Outcome domains targeted		Child development				
		Child beh	aviour			
		Safety an	d physical wellbeing			Yes
		Basic chil	d care	_		
		Parent-ch	nild relationship			Yes
		Family re	lationship			
		Systems of	outcomes			
Dose			of sessions			17
		of sessions			Not indicated	
Total dur		ation of program			1 year	
		professional? (person with qualifications, for al worker, psychologist, nurse, teacher, youth			Not indicated	
parapr does n		paraprofe does not	it a non-professional? (e.g., peer, professional, person that may be trained but not have a qualification relevant to family port/education or child welfare etc.)			
Cannot		Cannot te	tell			
<u>Results</u>						
Outcomes Outcome reported in results	comes <u>Measures</u> come How prted in measured		<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.		Follow-up Longest point of follow up (i.e., 6 months; 1 year)	
			Treatment 1 (Healthy Start)	Treatment 2 (Enhanced Health Start)	Control	
Corporal punishment		nflict tics Scale		+ Lower use of punishment (ANOVA)		1 YEAR

Safety	Framingham	+ Greater	1 YEAR
maintenance in	Safety	safety	
the home	Survey	(ANOVA)	
	Child Injury Survey	+ Fewer injuries (ANOVA)	

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