

# Addressing Disparities in LTSAE: Reaching families at risk for maltreatment

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# Project Goals

- Immediate goal: Assess impact of LTSAE materials delivered by home visitors (HVs) working with families in the Georgia child welfare system (CWS)
- Long-term goal: Demonstrate an effective approach to ensuring developmental awareness of families and follow-up of children with delay in the CWS

# Project Description

- Integrate LTSAE materials into the SafeCare® home visitation program with families at risk for child maltreatment
- Two intervention arms of the study include:
  1. Home visitation staff instructed on the use of LTSAE materials as a component of parent training
  2. Home visitation staff instructed on the use of LTSAE materials as a component, PLUS structured problem solving training to support communication with health care providers and early intervention (EI) specialists
- Control arm examines home visitation staff with no training on LTSAE delivering the existing curriculum

# Hypothesized Findings

- We expect:
  - A high percentage of children in the study will already have been referred for EI or preschool special education
  - A high percentage of children with concerns that were not previously acted upon in the targeted population
  - Families in the intervention arm will identify potential developmental delays more frequently
  - Families in the intervention arm will seek follow-up at low rates initially, but increase over time
  - Families in the LTSAE *and* problem-solving arm will obtain follow-up screening, diagnosis, and treatment more frequently
  - LTSAE home visitors will score the material as engaging, practical, and useful in their work with parents

# Background (1)

- In families referred (but not necessarily substantiated) for maltreatment:
  1. Half of the children under age five have identifiable delays in development that warrant early intervention or preschool special education services
  2. More than half of these delays were not identified until children entered the CWS
  3. Rates of delays did not differ for children whose maltreatment was substantiated versus those for whom it was unsubstantiated

(Barth, Scarborough, Lloyd, Casanueva, & Mann, 2008)

# Background (2)

- Child maltreatment disproportionately affects poor, vulnerable populations including children with disabilities (USDHHS, 1996)
- Children with disabilities are 54% more likely to be victimized, and 52% more likely to have recurrent episodes of maltreatment than children without disabilities (USDHHS., 2008)
- Higher rates of autism spectrum disorder may be observed in children in the CWS, with 1 in 77 described by parents as having “ever been told” that their child has autism (Ringeisin, Casanueva, Urato & Cross, 2008)

# SafeCare® in Georgia

- SafeCare is an evidence-based, training curriculum for parents reported or at-risk for child maltreatment
- Safe Care is being implemented statewide in Georgia in conjunction with the Georgia Department of Human Services (DHS) and the National SafeCare Training and Research Center (NSTRC)
- SafeCare provides in-home training for parents of children ages 0-5 in weekly home visits lasting from 1-2 hours and the program typically lasts 18-20 weeks for each family

# SafeCare Content

- ***Health***: the use of health reference materials in preventing illness, identifying symptoms of childhood illnesses or injuries, and providing or seeking appropriate treatment
- ***Home Safety***: how to identify and eliminate safety and health hazards by making them inaccessible to children
- ***Parent-Infant/Parent-Child Interaction***: how to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior
- ***Problem Solving and Counseling***: how to plan and implement activities with their children, respond appropriately to child behaviors, and address health and safety issues

# LTSAE and SafeCare

- LTSAE dovetails many aspects of SafeCare, such as the use of structured checklists, education on talking to a medical professional, and teaching problem-solving skills
- Structured problem-solving and practice contributes significantly to families successfully using trained skills – this has clear implication for incorporating LTSAE into home visitation programs

# Method

- Home visitors will be trained in SafeCare (criterion-based demonstration of teaching skills is required)
- Families will be randomized to one of three arms of the study:
  - SafeCare with LTSAE alone (SC-LTSAE)
  - SafeCare with the LTSAE plus structured problem-solving (SC-PS)
  - SafeCare as usual (SAU), control condition

# Measures

- Parent outcomes:
  - Awareness of child development
  - Rates of identification of potential developmental delays
  - Rates of follow-up of the potential delays
  - Perceptions of SafeCare and SafeCare home visitors
- Home visitor outcomes:
  - Satisfaction with the LTSAE materials
  - Fidelity to the LTSAE training
  - Perceptions about the utility of LTSAE
- Coach (HV fidelity monitor) outcomes:
  - Perspectives on the usefulness of LTSAE

# Pre-study Activity 1

## Incorporate LTSAE materials into SafeCare training

- Review LTSAE materials (particularly those that were developed for use in child care settings)
- Ensure readability by potential parents in this population
- Develop decision rules for HVs in recommending follow-up
- Align current SafeCare materials with LTSAE topics
  - Assessment of development during well-child checks
  - How to talk to the doctor about a child's development
  - Discuss age-appropriate activities in the sections on parent-child and parent-infant interactions
- Develop handout on the EI system, entitlement to services, and local resources (intervention groups)

# Pre-study Activity 2

Review materials with expert focus group for home visitors and parent content, and with parent focus group for parent materials

- Clarity of materials by parents, including the *It's time to change how we view a child's growth* flyer, *Important Milestones* checklists, *Positive Parenting Tips*, etc.
- Understanding of content, organization, and ease of use
- Identification of needed adaptations
- Relevance and utility of didactic training materials and scripts for home visitor training
- Understanding of decision rules about results of the LTSAE checklists

# Pre-study Activity 3

## Development of home visitor training

- Didactic presentation, including rationale for LTSAE, LTSAE content, sample script for introducing LTSAE to parents, working with parents to consider their child's development, and decision rules in recommending follow-up
- Demonstration (using videotaped interactions)
- Structured role-play
- Assessment of HV trainees for fidelity
- Training material for the SC-PS on how to use structured problem-solving with the LTSAE materials, including role play, goal setting, and review with parents on progress on their plans
- Content and protocols for coaches on LTSAE and fidelity monitoring

# Implementation

- Twelve SafeCare trainers will be randomized into three (3) groups – SC-LTSAE, SC-PS, and SAU
- Each trainer trains six (6) home visitors, two (2) as coaches
  - Home visitors ask assigned families if they are willing to be contacted by research staff who will enroll them in the study
  - Families whose children are receiving services for developmental delays will be excluded from the study
  - Enroll three families for each home visitor
  - Conduct SafeCare as usual, or with LTSAE, or with LTSAE plus problem solving
  - Administer short questionnaires at baseline, 3 and 6 months (completed by parents AND home visitors)

# Analysis

- Chi-square or similar analysis to determine differences between intervention groups about whether the parent and home visitor believes a child has a developmental disability or delay
- Chi-square to determine if there is a difference between the intervention groups about whether the parent made a follow-up action if the parent and home visitor believe a child has a developmental disability or delay
- Examination of differences in level of action taken (e.g., phone call, took child in for screening, connected with early intervention services, etc...) between the intervention arms
- Analyze anonymously submitted parent satisfaction both for the overall program and for individual modules (surveys will be coded in order to identify study arm)
- Assess and score overall fidelity to the LTSAE materials
- Compare rates of follow-up for identified issues

# Discussion

- What happens to an evidence-based practice when content is modified – even if we think it for the better?
- Into which module (i.e., Health or PI/PCT) should LTSAE be incorporated?
- How do we use the materials to motivate needed follow-up without going beyond the appropriate role for the home visitor?
- What specific activity – short of a standardized screening instrument – will assist parents in identifying potential delays AND acting on that information?

# References

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