

References List:

Bugental, D.P., Ellerson, P.C., Lin, E. K., Rainey, B., Kokotovic, A., & O'Hara., N. (2002) A cognitive approach to child abuse prevention. *Journal of Family Psychology*, Vol. 16, No. 3, 243–258.

This investigation tested the incremental utility of cognitive retraining as a component within a program designed to prevent child maltreatment. High-risk families (N = 96) were randomly assigned to a control condition, home visitation modeled after the Healthy Start program (unenanced home visitation), or home visitation that included a cognitive component (enhanced home visitation). Mothers were identified late during pregnancy or soon after birth, and their participation continued for 1 year. Lower levels of harsh parenting were found among mothers in the enhanced home visitation condition than among those in the unenhanced home visitation or control conditions. Prevalence of physical abuse (percentage of mothers who were abusive) during the first year was 26% in the control condition, 23% in the unenhanced home visitation condition, and 4% in the enhanced home visitation condition. Benefits were greatest in families that included a medically at-risk child. A linear pattern of benefits was found for child health; as program features were added, benefits for child health increased.

Ondersma, S. J., Chase, S. K., Svikis, D. S., & Schuster, C. R. (2005). Computer-based brief motivational intervention for perinatal drug use. *Journal of Substance Abuse Treatment*, 28, 305-312.

Computer-based brief motivational interventions may be able to reach a high proportion of at-risk individuals and thus have potential for significant population impact. The present studies were conducted to determine the acceptability and preliminary efficacy of a computerbased brief motivational intervention (the motivation enhancement system, or MES). In Study 1, quantitative and qualitative feedback from 30 postpartum women and 17 women in treatment for drug use were used to modify the software. In Study 2, 50 urban postpartum women who reported drug use in the month before pregnancy completed the intervention and provided repeated within-session ratings of state motivation. In Study 3, 30 women were randomly assigned to intervention or control conditions with 1-month follow-up. Overall, women rated the MES as highly acceptable and easy to use and reported significant increases in state motivation at postintervention and at 1-month follow-up ($d = .49$). These preliminary results are encouraging and suggest that further work in this area is warranted. D 2005 Elsevier Inc.

Ondersma, S. J., Svikis, D. S., & Schuster, C. R. (2007). Computer-based brief intervention: A randomized trial with post-partum women. *American Journal of Preventive Medicine*, 32, 231-238.

Background: Drug use among parenting women is a significant risk factor for a range of negative child outcomes, including exposure to violence, child maltreatment, and child behavior problems. Implementation of brief interventions with this population may be

greatly facilitated by computer-based interventions. Design: Randomized clinical trial with 4-month follow-up. Setting/participants: Participants were 107 postpartum women recruited from an urban obstetric hospital primarily serving a low-income population. Women were randomized into assessment only versus assessment plus brief intervention conditions; 76 (71%) returned for follow-up evaluation. Intervention: A 20-minute, single-session, computer-based motivational intervention (based on motivational interviewing methods), combined with two nontailored mailings and voucher-based reinforcement of attendance at an initial intake/treatment session. Main outcome measures: Illicit drug use as measured by qualitative urinalysis and self-report. Results: Frequency of illicit drug use other than marijuana increased slightly for the control group, but declined among intervention group participants ($p < 0.05$, between-group Mann-Whitney U; $d = 0.50$); the magnitude of intervention effects on changes in marijuana use frequency was similar, but did not reach statistical significance. Point-prevalence analysis at follow-up did not show significant group differences in drug use. However, trends under a range of assumptions regarding participants lost to follow-up all favored the intervention group, with most effect sizes in the moderate range (odds ratios 1.4 to 4.7). Conclusions: Results tentatively support the efficacy of this high-reach, replicable brief intervention. Further research should seek to replicate these findings and to further develop the computer as a platform for validated brief interventions.

Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., and Juffer, F. (2003). Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood. *Psychological Bulletin*, Vol. 129, No. 2, 195–215.

Is early preventive intervention effective in enhancing parental sensitivity and infant attachment security, and if so, what type of intervention is most successful? Seventy studies were traced, producing 88 intervention effects on sensitivity ($n = 7,636$) and/or attachment ($n = 1,503$). Randomized interventions appeared rather effective in changing insensitive parenting ($d = 0.33$) and infant attachment insecurity ($d = 0.20$). The most effective interventions used a moderate number of sessions and a clear-cut behavioral focus in families with, as well as without, multiple problems. Interventions that were more effective in enhancing parental sensitivity were also more effective in enhancing attachment security, which supports the notion of a causal role of sensitivity in shaping attachment.

http://www.childandfamilystudies.leidenuniv.nl/content_docs/agp/Publicaties/baketal03pb.pdf

Duggan, A., McFarlane E., Fuddy, L., Burrell L., Higmana, S.M., Windham, A., & Sia C. (2004). Randomized trial of a statewide home visiting program: impact in preventing child abuse and neglect. *Child Abuse & Neglect*, 28, 597–622.

Objectives: To assess the impact of home visiting in preventing child abuse and neglect in the first 3 years of life in families identified as at-risk of child abuse through population-based screening at the child's birth. Methods: This experimental study focused on Hawaii Healthy Start Program (HSP) sites operated by three community-based agencies. From 11/94 to 12/95, 643 families were enrolled and randomly assigned to

intervention and control groups. Child abuse and neglect were measured by observed and self-reported parenting behaviors, all hospitalizations for trauma and for conditions where hospitalization might have been avoided with adequate preventive care, maternal relinquishment of her role as primary caregiver, and substantiated CPS reports. Data were collected through annual maternal interviews (88% follow-up each year of all families with baseline interviews); observation of the home environment; and review of CPS, HSP, and pediatric medical records. Results: HSP records rarely noted home visitor concern about possible abuse. The HSP and control groups were similar on most measures of maltreatment. HSP group mothers were less likely to use common corporal/verbal punishment (AOR=0.59, p=0.01) but this was attributable to one agency's reduction in threatening to spank the child. HSP group mothers reported less neglectful behavior (AOR=0.72, p=0.02), related to a trend toward decreased maternal preoccupation with problems and to improved access to medical care for intervention families at one agency. Conclusions: The program did not prevent child abuse or promote use of nonviolent discipline; it had a modest impact in preventing neglect. Possible targets for improved effectiveness include the program's implementation system and model.

Duggan, A., McFarlane E., Fuddy, L., Burrell, L., Higmana, S.M., Windham, A., & Sia C. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: impact in reducing parental risk factors. *Child Abuse & Neglect*, 28, 623–643.

Objectives: To assess the impact of a home visiting program in reducing malleable parental risk factors for child abuse in families of newborns identified, through population-based screening, as at-risk of child abuse. Methods: This randomized trial focused on Healthy Start Program (HSP) sites operated by three community-based organizations on Oahu, HI, USA. From 11/94 to 12/95, 643 families were enrolled and randomly assigned to intervention and control groups. Mothers in both groups were interviewed annually for 3 years (88% follow-up each year) to measure mental health, substance use, and partner violence. HSP records were reviewed to measure home visiting services provided. Home visitors were surveyed annually to measure their perceived competence. Results: Malleable parental risks for child abuse were common at baseline. There was no significant overall program effect on any risk or on at-risk mothers' desire for and use of community services to address risks. There was a significant reduction in one measure of poor mental health at one agency and a significant reduction in maternal problem alcohol use and repeated incidents of physical partner violence for families receiving greater than or equal to 75% of visits called for in the model. Home visitors often failed to recognize parental risks and seldom linked families with community resources. HSP training programs were under-developed in preparing staff to address risks and to link families with community resources. Conclusions: Overall, the home visiting program did not reduce major risk factors for child abuse that made families eligible for service. Research is needed to develop and test strategies to improve home visiting effectiveness in reducing parental risks for child abuse.