



Who Completes Child Maltreatment Prevention Programs?

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Child maltreatment prevention programs are designed to increase protective factors and decrease risk factors in families who may otherwise succumb to child abuse and neglect. When measuring the effectiveness of such programs, it is important not only to measure outcomes, but also to consider the completion rates of participants, as participation is an essential component of program dissemination. The purpose of this article is to examine factors related to program completion among families enrolled in a child neglect preventive intervention.

Method

This study is based on the completion rates of Family Connections (FC), a community-based service program that uses tailored interventions to work with families. The primary goal of the program is to help reduce the risk of neglect by teaching parents how to meet their children's basic needs.

Between 1997 and 2001, 154 caregivers and their families participated in the FC program. Targeted families lived in the Westside Empowerment Zone of Baltimore and had at least one child between the ages of 5 and 11. Eligibility criteria included (a) concern by a referring person that neglect was occurring at a low level, but not enough for a CPS investigation; (b) concern that at least two risk factors for child neglect were present for the child (e.g., behavioral problems, physical, developmental, or learning disability; more than three children) or the caregiver (e.g., unemployment/overemployment; mental health problem; substance abuse); (c) no current involvement with CPS; and (d) caregiver willingness to participate.

Using an experimental design, families were randomized into one of four conditions: (1) a 3-month FC program; (2) a 3-month FC program enhanced with group intervention; (3) a 9-month FC program; or, (4) a 9-month FC program enhanced with group intervention. Due to poor compliance with both of the group intervention programs (only 32% assigned to group interventions attended any of the sessions), analyses combined the four groups into two – those assigned to 3-month programs (n=70), and those assigned to 9-month programs (n=84). Of the original sample, 136 caregivers completed the research interview upon program termination and therefore comprised the final sample. The majority were African-American (87.5%), never married (67.6%), and unemployed (59.6%). The most frequent neglect concerns identified at program intake were delay in getting mental health care for a child (35%), unstable living conditions (24%), and inadequate supervision (23%).

A family was considered to have completed the program if it completed the full 3 or 9 months of service. A family was considered to not have completed the program if it directly

refused further services before the designated length of time or moved without providing a reason or notification. Cases were excluded from analysis if the child no longer lived at home or if the family informed program staff that it moved out of the program's jurisdiction. All other data were collected by FC program staff through either record reviews or self-report measures administered to participants.

Results

Overall, 84% of families completed the program; 95% of those assigned to a 3-month program completed the services, and 73% of those assigned to a 9-month program completed the services. This difference was statistically significant ($\chi^2 = 10.75, p = .001$). Odds ratios indicate that those who were assigned to the 3-month intervention were 7.35 times more likely to complete the program than those assigned to the 9-month intervention.

The results of a multivariate logistic regression analysis indicate that caregivers (1) with more depressive symptoms, (2) reporting more positive views of their relationships with FC staff; and (3) whose families were assigned to the 3-month intervention were more likely to complete the program. Factors that were not significantly related to program completion included caregiver age, level of daily stress, prior CPS status, history of drug use, and satisfaction with program. This final model more successfully predicted persons who completed the program (correctly classifying 97% in this category), than persons who did not complete the program (correctly classifying 35% in this category).

Discussion & Conclusions

Results indicate that both caregiver mental health and contextual factors (i.e., program length, relationship between staff and participants) predict program completion of a community-based intervention aimed at preventing child neglect. This study demonstrates that clients with complex and difficult problems can complete preventive services, especially if the program is of a manageable length and there is a strong positive relationship between program staff and participants. Surprisingly, caregiver stress levels and substance use did not significantly predict service completion. Future research should compare the community-based, individually tailored aspects of this program to other, less client-centered interventions to see which additional program characteristics predict completion among high-risk participants.



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