

RESEARCH BYTES

KENT SCHOOL OF SOCIAL WORK

124

ISSUE 6

STRENGTHENING FAMILIES

Volume 2: Fall 2021



Families participating in Sobriety Treatment and Recovery Teams (START) were less likely to have children in out-of-home care and had higher reunification rates than families who did not receive the intervention.

Twelve months
after participating
in START programs,
68.5% of families remained free
from OOHC placement and from
child abuse and neglect.

KENT SCHOOL MAKING A DIFFERENCE

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A MESSAGE FROM THE ASSOCIATE DEAN FOR RESEARCH

Research focused on strengthening families, and contributing to family science and social work with families are highlighted in this edition of *Research Bytes*. Studies include interventions for families, strengths and needs assessments, parental education and skill building, and the role of family in health, social, and occupational outcomes. Read about Kent School's contribution to family practice in this issue.

Sobriety Treatment and Recovery Teams for Families with Co-Occurring Substance Use and Child Maltreatment: A Randomized Controlled Trial

M.T. Hall, A.B. Kelmel, R.A. Huebner, M.T. Walton, & A.P. Barbee
Child Abuse & Neglect 114 | DOI: 10.1016/j.chiabu.2021.104963

Co-occurring parental substance use and child maltreatment has increased in recent years and is associated with poor child welfare outcomes. The Sobriety Treatment and Recovery Teams (START) program was developed to meet the needs of these families. A randomized controlled trial was implemented to compare START to usual child welfare services on three outcomes: out-of-home care (OOHC) placements; reunification; and subsequent child maltreatment. Families reported to child welfare services in Jefferson County, Kentucky, were eligible if they had a current finding of child maltreatment or services needed, substance use as a primary risk factor, a child under six years of age, and no other open child welfare cases. A total of 348 families including 526 children were randomized to START and usual services. There were no significant differences between groups on the three outcomes in the ITT sample or the subsample that received services, though the START OOHC rate was 7 percentage points lower (relative difference: 21.6 %) and the reunification rate was 13 percentage points higher (relative difference: 27.6 %) in the subsample. Although differences between groups were not significantly different, the relative differences were meaningful and this is the third study showing lower rates of OOHC among START relative to usual services. Additionally, the START reunification rate is higher than the overall U.S. average in spite of notable risk factors.

The Sobriety Treatment and Recovery Teams Program for Families with Parental Substance Use: Comparison of Child Welfare Outcomes through 12 Months Post-Intervention

R.A. Huebner, M.T. Hall, M.T. Walton, E. Smead, T. Willauer, & L. Posze Child Abuse & Neglect 120 | DOI: 10.1016/j.chiabu.2021.105260

The 2018 Family First Prevention Services Act (FFPSA) shifted child welfare funding to interventions proven effective in preserving families with parental substance use and child welfare involvement. The Sobriety Treatment and Recovery Teams (START) program serves this population with FFPSA aligned goals. This study was the first to test the sustained effects of START from the initial CPS report through 12-months post-intervention. Children (n = 784) receiving START services in four sites were compared to 784 children receiving child welfare treatment as usual (TAU). Outcomes were tested during the intervention period, and at six- and 12-months post-intervention using comparative statistics methods. The odds of START children being placed in out-of-home care (OOHC) during the intervention period were half those of children in TAU (20.3% vs. 35.2%). When placed in OOHC, START children were more likely to be reunified with their parents. At 12-months post-intervention, 68.5% of START and 56.0% of TAU-served children remained free from both OOHC placement and child abuse and neglect. The primary impact of START was significantly reduced rates of OOHC placement, with results sustained through 12-month follow up.



The resulting product, Autism Parent Navigators is a 6-week in-home coparenting program delivered by peer support parents to parents of young children recently diagnosed with ASD.



Within the *Life Functioning* domain, more than 20% of cases in both sites had actionable items related to

- Family functioning
- Living situation
- School/behavior achievement

Significant improvement was found across all domains except for Child Risk Behaviors, which may be attributed to varying pace of change.

Risk and protective factors at the family level, lower levels of perceived maternal psychological control, and higher levels of perceived maternal monitoring, were associated with lower levels of youth hopelessness and depressive symptoms and with higher self-esteem.

Self-esteem mediated associations between family- and individual-level factors and depressive symptoms.

Community-Engaged Process to Adapt Evidence-Based Programs for Parents of Children with Autism Spectrum Disorder

M.E. Yingling, R.M. Hock, M.E. Feinberg, & A.A. Holbert

Children & Youth Services Review 112 | DOI: 10.1016/j.childyouth.2020.104876

The purpose of this paper is to describe a community-engaged evidence-based program (EBP) adaptation process informed by existing frameworks that incorporates program theory and recommendations from professionals and members of the target population, or parents of children with autism spectrum disorder (ASD). To inform adaptation, we conducted qualitative interviews, recorded detailed process notes, convened an implementation team, and completed a pilot study of the adapted program. We present a five-phase, systematic adaptation process that resulted in *Autism Parent Navigators*, a 6-week in-home coparenting program delivered by peer support parents to parents of young children recently diagnosed with ASD. The adaptation process highlighted could be used to adapt other EBPs for ASD. Future research on adaptation processes used in community contexts is imperative to maximize the potential for EBPs to improve well-being for children with ASD and their parents.

Structured Well-Being Assessments in Public Child Welfare: Observations Across Two States

C. Collins-Camargo, J. Stolin-Goltzman, A.N. Verbist, A. Krompf, & B.F. Antle

Developmental Child Welfare | DOI: 10.1177/25161032211004605

Children entering custody within the child welfare system have been found to have high levels of trauma and significant behavioral health needs. In this paper, authors demonstrate how a structured functional well-being assessment can be used with the custody population to promote an understanding of behavioral health needs, inform case planning, and measure functional improvement over time. Specifically, this paper: (a) briefly described how two states implemented a common standardized assessment of functioning to inform case planning and measure well-being progress of children in the custody of a public child welfare system (b) examined what this common assessment tool reveals about the strengths and needs of children entering custody across two sites and (c) described the magnitude of change in functional improvement measured across 6 months. While implementation varied across sites, similar rates of actionable items were identified. Jurisdictions may benefit from discerning which items on the functional assessment they can directly address through service referral or direct practice. This study also illustrates that some types of need may be more amenable to change within shorter periods of time.

Individual- and Family-Level Correlates of Socio-Emotional Functioning among African American Youth from Single-Mother Homes: A Compensatory Resilience Model

E.M. Sterrett-Hong, C. Kincaid, C.R. Hardaway, **M. Adams**, M. MacFarlane, & D.J. Jones *Journal of Family Issues 41*(8) | DOI: 10.1177/0192513X19891461

The majority of research on African American adolescents raised in single-mother homes has focused on externalizing problems, with less attention to other facets of socio-emotional functioning. Using a compensatory resilience approach, the current study examined risk and protective factors at the family (maternal warmth, monitoring, psychological control) and youth (ethnic identity and religiosity) levels as predictors of depressive symptoms, hopelessness, and self-esteem among African American adolescents from single-mother homes (n=193). Lower levels of psychological control, higher levels of monitoring, and higher levels of youth ethnic identity were associated with at least one of the outcomes, depressive symptoms, hopelessness, and self-esteem. In addition, self-esteem, but not hopelessness, mediated the associations between the family- and youth-level factors and youth depressive symptoms. The importance of targeting maternal psychological control and youth ethnic identity, as well as self-esteem, in intervention programs for African American youth from single-mother families is discussed.



Positive ethnic identity, a hypothesized protective factor, was related to hopelessness, depression, and self-esteem among African American youth.

Developing a positive sense of and feelings toward your racial/ethnic group and, in essence, yourself, can be potentially protective against maladjustment and undesirable outcomes.

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Participants reported high levels of satisfaction as well as strong senses of group cohesion and facilitator alliance.

Participating fathers showed statistically significant improvements in parenting knowledge and conflict resolution skills.

This study points to concrete ways that parents can respond more effectively to their child's achievement at school and create a home environment that fosters academic achievement. Nonpunitive responses to inadequate grades and cognitive stimulation are related to positive academic achievement outcomes for African American adolescents.



Late-life cognitive health disparities that disproportionately impact the Mexican American population can be addressed by improving access to educational and occupational opportunities in early and midlife.



Group-Based Parent Education Intervention for Nonresident Fathers

A.R. Perry & C. Langley

Research on Social Work Practice | DOI: 10.1177/10497315211003669

Research indicates that children with involved fathers fare better than children with disengaged fathers. In response, *4 Your Child* provides fatherhood-specific parent education and solution-focused case management services aimed at helping nonresident fathers increase their capacity for taking more active roles in their children's lives. The curriculum covers 12 topics including showing and handling feelings, communication, examining one's masculinity, the father's role, coparenting, discipline, the benefits of marriage, child development, and negotiating the work-family balance. Components were added via additional modules to cover content related to identifying family members and their unique contributions to the family functioning, understanding the importance of coparenting and the role of kin networks, and the relationship between child support and parenting time and the barriers to securing them. The program is delivered in 7 4-hour group-based workshops. This study presents the results of preliminary analyses from a sample of 508 nonresident fathers. The results reveal high levels of participant satisfaction and statistically significant increases in parenting knowledge and conflict resolution skills for program participants from pre- to postintervention. Recommendations for future research and practice are also included.

The Role of Cognitive Stimulation in the Home and Maternal Responses to Low Grades in Low-Income African American Adolescents' Academic Achievement

C.R. Hardaway, **E.M. Sterrett-Hong**, N.M. DeGenna, & M.D. Cornelius Journal of Youth & Adolescence 49 | DOI: 10.1007/2Fs10964-020-01217-x

Parental involvement in education has generally been shown to foster adolescent academic achievement, yet little is known about whether two important forms of parental involvement—how parents respond to academic underachievement and how parents provide cognitive stimulation in the home—are related to academic achievement for African American adolescents. This study uses two waves of data to evaluate whether these forms of parental involvement are related to future academic achievement for low-income African American adolescents and whether there are gender differences in these associations. African American mothers and adolescents (*N* = 226; 48% girls) were interviewed when adolescents were ages 14 and 16. Mothers of girls reported higher mean levels of punitive responses to grades than mothers of boys, but child gender did not moderate associations between parental involvement and academic achievement. Cognitive stimulation in the home was related to changes in academic achievement from 14 to 16 years of age, controlling for age 14 academic achievement. This study provides evidence that nonpunitive responses to inadequate grades and cognitive stimulation at home are linked to academic achievement among African American adolescents.

Gender-Based Pathways to Cognitive Aging in the Mexican-Origin Population in the United States: The Significance of Work and Family

S.M. Rote & J.L. Angel

The Journals of Gerontology Series B | doi: 10.1093/geronb/gbaa189

This study uses the life course perspective to explore the role of key midlife factors (occupation and number of children) for gender- and nativity-based pathways to cognitive aging for older Mexican Americans. Using the Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE, 1993/1994–2016, n = 2,779), this study presents (a) cognitive impairment trajectories over 20 years of data and (b) analyses of trajectory group membership by lifetime occupation and number of children, controlling for educational attainment. The results of this study indicate that for older Mexican American men, lifetime employment in agricultural occupations is associated with elevated risk for late-life cognitive impairment. Delayed risk for impairment is observed for U.S.-born men who were employed in factory work (e.g., production and repair) and in Mexican-born men who were employed in occupations with skilled or supervisory requirements. For older Mexican American women, labor force participation, especially in skilled occupations, is related to a delayed risk of cognitive impairment. Number of children is unrelated to impairment for men, but women with five or more children (compared to women with two to four children) are at risk for consistent and rapid cognitive impairment in late life. Late-life cognitive health disparities that disproportionately impact the Mexican American population can be addressed by improving access to educational and occupational opportunities in early and midlife.