

Melchior, L.A., Reuter, K., & Brooks, D. (2013, December). Differential Risk Assessment, Engagement and Response with Culturally-diverse Families with Infants and Toddlers. Presented at the 28th National Training Institute (NTI), Zero to Three, National Center for Infants, Toddlers, & Families. San Antonio, TX.

## Differential Risk Assessment, Engagement and Response with Culturally-diverse Families with Infants and Toddlers

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*The Measurement Group, Culver City, CA*

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28<sup>th</sup> National Training Institute (NTI)  
Zero to Three  
National Center for Infants, Toddlers and Families  
San Antonio, Texas  
Thursday, December 12, 2013  
4:30 PM - 6:00 PM

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## Welcome & Introductions

**Lisa A. Melchior, PhD**

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- Evaluator for Saint John's Partnerships for Families, SPA 5
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**Katherine Reuter, PhD**

- Director, Early Childhood Intervention Services
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**Devon Brooks, PhD, MSW**

- Associate Professor, School of Social Work, University of Southern California (USC), Los Angeles, CA
- Principal Investigator, Comprehensive Evaluation of the Partnerships for Families Initiative
- [Devon.Brooks@usc.edu](mailto:Devon.Brooks@usc.edu)

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**Devon Brooks**  
Associate Professor  
[Curriculum Vitae](#)

Education

- PhD, University of California, Berkeley, 2000
- MSW, University of California, Berkeley, 1993
- BA, George Mason University, 1991

DEVON BROOKS joined the faculty in 1999 and teaches human behavior and research methodology in the M.S.W. program and research methodology in the Ph.D. program.

His research and practice interests generally revolve around the reduction and treatment of child maltreatment, with a focus on racial and ethnic disparities in the permanency and mental health outcomes of children and families served by public child welfare agencies; risk assessment; assessment of formal and indigenous service needs and utilization; transracial adoption and racial matching policy; gay and lesbian adoption and foster care placements; family preservation; and child welfare innovations.



Download High-Resolution

Research Interest

- Children & Families

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## Our Aims Today

- 1) Describe the design, implementation, outcomes, and lessons learned from a county-wide child abuse prevention initiative
- 2) Share our differential risk framework (DRF) for assessment of strengths and needs in culturally diverse families

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## Our Aims Today – Cont'd

- 3) Provide you with an opportunity to use the DRF to
  - Identify culturally-associated risk and protective factors
  - Formulate strategies for engaging families in culturally-responsive practice (CRP)
- 4) Also see 'Goals and Objectives' in your handout (**HANDOUT 1**)

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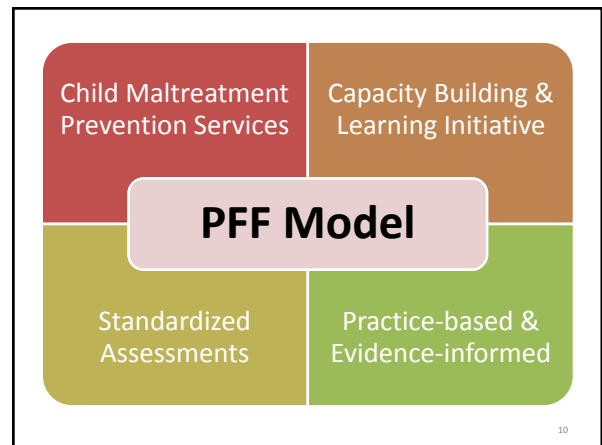
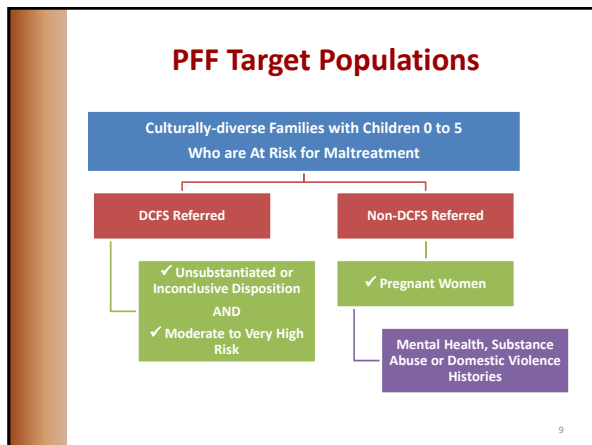
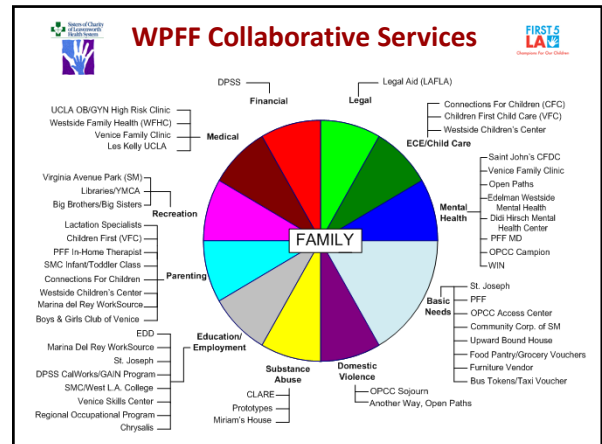
## Overview

- I. The Partnerships for Families (PFF) Initiative
- II. Culturally-responsive Practice (CRP)
- III. Case Study Activity
- IV. Closing

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## Partnerships for Families (PFF)

- Child maltreatment prevention initiative
  - LA County, First 5 LA
  - \$62.4M in funding from 2004-present
- Services – 9 LA County catchment areas
  - Lead agency, Community Collaboratives
  - Services implemented 2006-present
- Partners
  - Initiative Evaluation: USC, UCLA, CGU, Chapin Hall/Juvenile Protective Association
  - LA County DCFS (child safety outcome data)
  - Collaboratives



## Family Assessment Form<sup>©</sup>

### Family Level Factors

- Factor A - Living Conditions
- Factor B - Financial Conditions
- Factor C - Support to Caregivers
- Factor D - Caregiver/Child Interactions
- Factor E - Developmental Stimulation
- Factor F - Interactions between Caregivers

### Individual Caregiver Level Factors

- Factor G - Caregiver History
- Factor H - Personal Characteristics

## FAF<sup>©</sup> Measurement

- Each Factor has a range of items **(HANDOUT 2)**
- Each item rated on criterion-based scale
  - Range 1 (best) – 5 (most problematic)
  - Cut-point = 3 for Meaningful Change
- Factor Score = average of all items on respective factor

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### Example of FAF© Ratings Item H6: Cooperation

1. Actively seeking help; provides information with minimal questioning; open to new ideas about solutions.
  2. Willing cooperates in answering questions; gives additional information; keeps appointments; is punctual; calls to reschedule if necessary; tries suggested ideas.
- 3.0-----
3. Some reluctance or hesitation; needs to be pushed or prodded to give information; passively cooperates; doesn't call if late or to cancel.
  4. Participates only to please others (or follows court order); comes late; answers questions only "yes" or "no"; gives excuses; minimizes problems; refuses to answer some questions.
  5. No cooperation; refuses to answer most questions; attitude leads to questionable honesty of responses.

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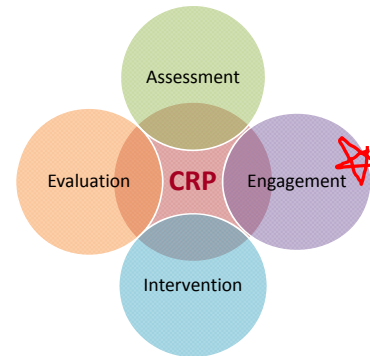
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### Culturally-Responsive Practice (CRP)

- Real world service approach that emphasizes responsiveness at all stages to:
  - The unique needs of clients and
  - Potential cultural influences in terms of client's needs and service responses
- Appreciates complexity of client's situation, and involves dynamic and interactive processes
- Services are individually tailored and flexible
- Work with client is practice- and competency-based, as well as evidence-informed
- An alternative or complement to evidence-based practice

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### CRP Components



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### Differential Risk Framework (DRF)

- **CRP** – practice approach that builds on the Differential Risk Framework (DRF)
- **DRF** – theoretical and analytical framework for assessing resilience in culturally-diverse families
  - Multiple cultural factors (e.g., race, gender) interact simultaneously to influence client's needs and their responses
  - Factors influence and are influenced by context
  - Different factors may be salient depending on client and context

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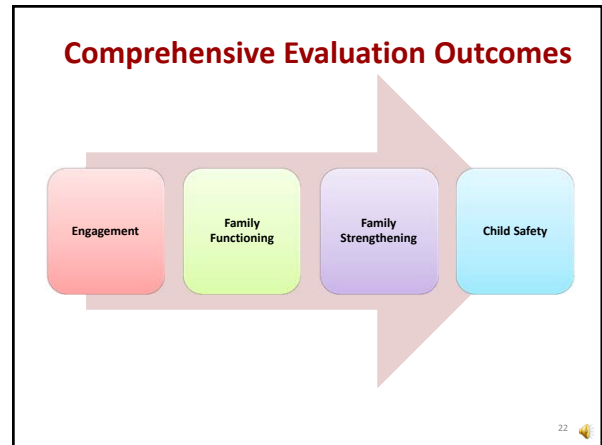
### Applying the DRF to PFF

- ✓ Specify **outcome**
- ✓ Identify risk and protective factors associated with specified outcome
- ✓ Begin **engagement** of family
- ✓ Conduct baseline **assessment**
- ✓ Develop and implement **intervention** plan
- ✓ Conduct re-assessment
- ✓ **Evaluate** change and draw conclusions about resilience

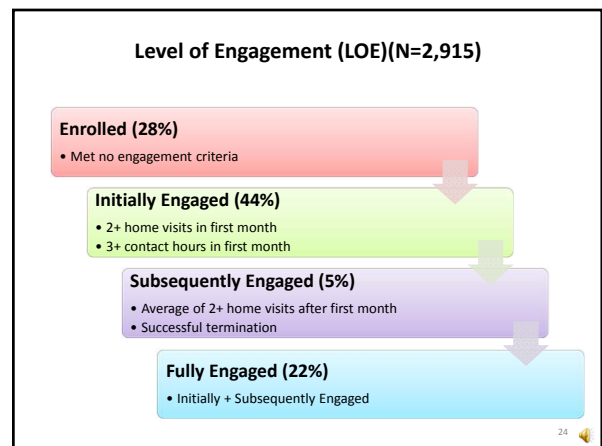
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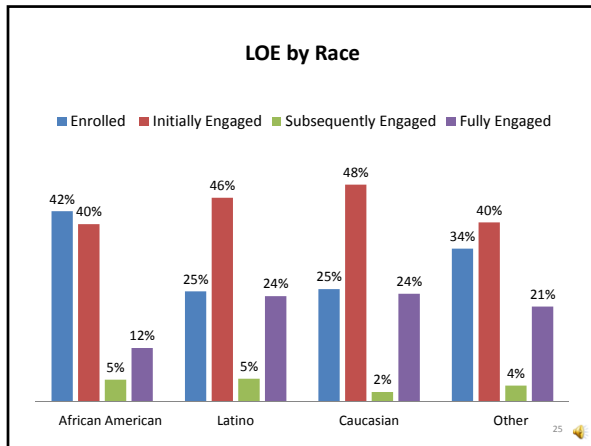


- ### APPLYING DRF TO PFF
- DRF guided approach to PFF evaluation
  - Informed our interpretation of findings
    - PFF Comprehensive Evaluation (see [www.first5la.org/files/PFF\\_USC\\_F5Final\\_Report\\_11302011.pdf](http://www.first5la.org/files/PFF_USC_F5Final_Report_11302011.pdf))
    - PFF SPA 5 Evaluation
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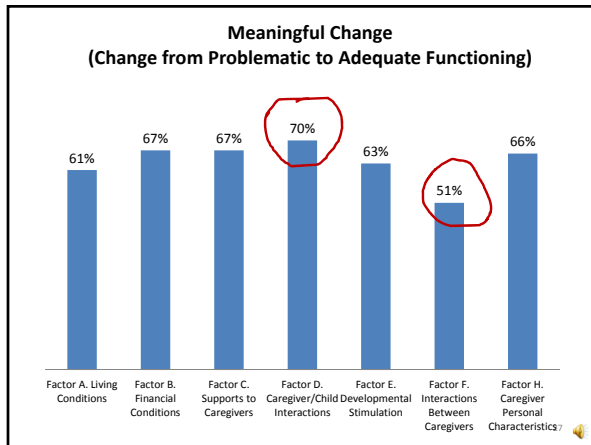
- ### ENGAGEMENT HIGHLIGHTS
- Different levels of engagement
  - Engagement varies by race
  - Engagement varies by other cultural factors, behavioral risk, and baseline functioning
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### FAMILY FUNCTIONING HIGHLIGHTS

- Family functioning improved across all Factors
  - Overall improvement
    - For each factor, between 61% and 80% of families experienced improvement
  - Meaningful change

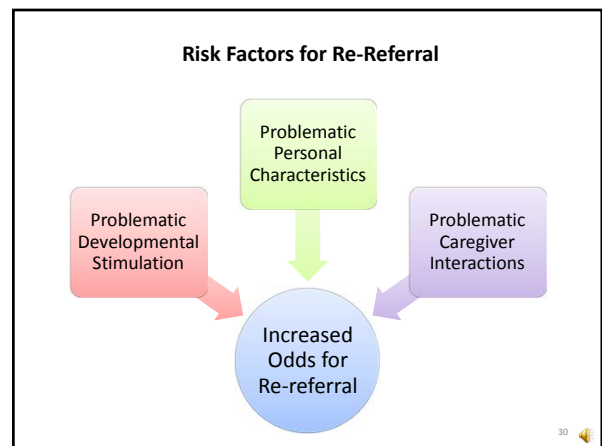


### FAMILY FUNCTIONING HIGHLIGHTS

- Improvement in family functioning was associated with LOE
  - Greater odds of improvement in numerous areas for Initially and Subsequently Engaged families
  - Even greater odds of improvement in ALL areas for Fully Engaged families
- Meaningful Change was associated with LOE
  - Greater odds of meaningful change in numerous areas for Subsequently Engaged families
  - Even greater odds of meaningful change in all but one area of functioning (Factor F – Interactions between Caregivers) for Fully Engaged families

### FAMILY STRENGTHENING HIGHLIGHTS

- Improvements in family functioning were associated with removal of risk factors for re-referral
- Adequate functioning at initial assessment, in most areas of functioning, is associated with reduced risk
- Improvements in functioning, and especially meaningful change (i.e., moving from problematic to adequate functioning) are also associated with reduced risk
  - The effect size for families that experience meaningful change is dramatically larger in most instances, than the effect size for families that simply experience improvement



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Risk Factor	Aspects of Functioning that REMOVE Risk Factor
Problematic Developmental Stimulation	<ul style="list-style-type: none"> <li>Adequate Baseline Functioning (1 to 2 times)</li> <li>Improvement (4 to 32 times)</li> <li>Meaningful Change (18 to 55 times)</li> </ul>
Problematic Caregiver Interactions	<ul style="list-style-type: none"> <li>Adequate Baseline Functioning (2 times)</li> <li>Improvement (3 to 10 times)</li> <li>Meaningful Change (9 to 51 times)</li> </ul>
Problematic Caregiver Personal Characteristics	<ul style="list-style-type: none"> <li>Improvement (6 to 14 times)</li> <li>Meaningful Change (8 to 24 times)</li> </ul>

### CHILD SAFETY HIGHLIGHTS

- Comparison of PFF families with comparable families
- 3 groups (N=22,892)
  - PFF (28%)
  - FM (2%)
  - No Services (71%)

### CHILD SAFETY HIGHLIGHTS

- PFF families were less likely to re-referred
  - However, once re-referred, more likely to have substantiated maltreatment and less likely to be removed
- LOE was associated with child safety outcomes
  - The greater the level of engagement, the "better" the outcomes
- Race/Ethnicity was also associated with child safety outcomes

### CHILD SAFETY HIGHLIGHTS

- LOE and Race/Ethnicity (together) was also associated with child safety outcomes
  - A lower % of fully engaged African American, Hispanic, and Caucasian PFF families had a child removed than with comparable families receiving no services
  - A lower % of fully engaged Hispanic families experienced re-referral, maltreatment, and case opening than comparable Hispanic families receiving no services

### Saint John's PFF Evaluation

- Builds on the Comprehensive Evaluation
- Application of the Differential Risk Framework
- Select findings
- From Saint John's PFF local evaluation
  - Melchior & Reuter (2013)
- Sample for engagement analyses
  - 200 PFF closed cases (unique families)

### Applying the DRF to Saint John's PFF

- Outcome
  - Full Engagement
- Multiple Cultural Factors
  - Race
  - Behavioral Risk
- Context
  - SPA 5
  - Local characteristics, smaller sample

### SAINT JOHN'S PFF HIGHLIGHTS

- 54% Full Engagement; less than 10% each Subsequent Engagement and Enrolled Only
- 46% Latino, 26% Caucasian, 14% African American, 13% Other Race
- Engagement by Race  $p < .10$
- 25% Substance Abuse, 31% Emotional Stability, 39% Depression
- Full Engagement by Behavioral Risk  $p > .10$
- Limited by small sample (n = 200)
  - Some groups too small for multivariate analysis

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### Example: Full Engagement by Substance Abuse Risk by Race (n=200)

	Less than Fully Engaged n (%)	Fully Engaged n (%)
No/Low Substance Abuse Risk		
African American	16 (64%)	69 (56%)
Other Race	55 (44%)	9 (36%)
High Substance Abuse Risk		
African American	3 (75%)	1 (25%)
Other Race	23 (49%)	24 (51%)

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### Case Study Activity

- Instructions
  - Work in small group at your table
  - Identify a note taker
  - Identify a reporter to share back with large group
- Opportunity to apply the DRF to CRP

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### Remember, the DRF Emphasizes ...

- A specific outcome
  - The focus was on Re-referral to DCFS
  - Assessment of risk and protective factors associated with that outcome
  - Change in risk and protective factors
- Interaction of multiple cultural factors
- Context
- Engagement

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### CRP Components

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### Case Study: Janice

- 30 year old African-American mom with an infant son
  - Living with extended family in one-bedroom apartment
  - H.S. diploma, on welfare (CalWorks)
- Hospital referred her to DCFS
- DCFS investigated but did not open case
  - Referred to PFF

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### Case Study: Janice At Referral...



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### Assessment

- ✓ Trauma history as a child
- ✓ Substance abuse history since age 13
- ✓ Mental health issues that were not diagnosed or previously treated
- ✓ Legal problems, including a history of incarceration 6 times

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### Case Study Activity – Part 1: Assessment

Use the DRF to:

- Identify **culturally-associated risk and protective factors** for re-referral for Janice

Report back

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### Case Study: Janice Working Together...



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### Case Study Activity – Part 2: Engagement

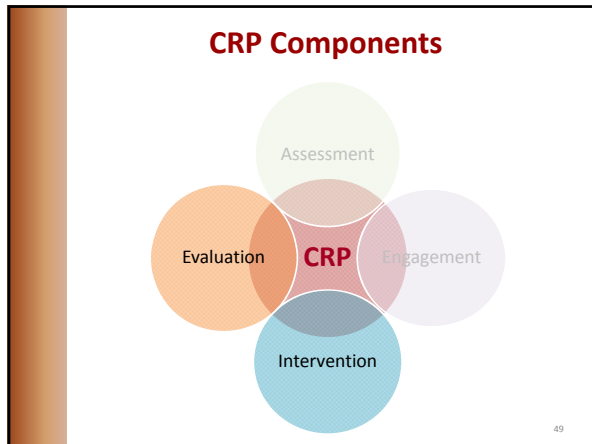
Use the DRF to:

- Formulate strategies for **engaging** Janice and/or her family in culturally-responsive practice (CRP)

Report back

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- ### Intervention with Janice
- Dynamic & interactive processes
    - “We took care of challenges week by week...”
  - Practice-based & evidence-informed
    - Use of multiple interventions for the different problems
  - Flexible & individually tailored
    - Extending intervention to address the intensity and complexity of Janice’s/family’s issues
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- ### Evaluation of Outcomes
- Family Functioning
    - Improved or stayed the same on all FAF Factors
  - Family Strengthening
    - Removing Risk Factors
      - o Personal Characteristics (H)
      - o Developmental Stimulation (E)
      - o Caregiver Interactions (F)
    - Meaningful Change: from Problematic to Adequate
      - o Financial (B) from 3.7 to 2.2
      - o Personal Characteristics (H) from 2.6 to 1.9
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- ### Evaluation of Outcomes
- Parental Resilience:
    - Taking risks and setting goals for herself
    - Working, going to school, being a good mom
    - New social connections
    - Staying sober and out of jail
  - Child Safety
    - **No re-referral to DCFS!**
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- ### Lessons Learned & Best Practices
- Culturally-responsive Practice
  - Differential Risk Framework
  - Engagement
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## Culturally-Responsive Practice

<p><b>LESSONS LEARNED</b></p> <ul style="list-style-type: none"> <li>• Culture matters! Outcomes vary by race, ethnicity and culture</li> <li>• Improvement is good, meaningful change is even better</li> <li>• CRP is complicated and challenging!</li> </ul>	<p><b>BEST PRACTICES</b></p> <ul style="list-style-type: none"> <li>• Don't "control" ... Consider race, ethnicity and culture</li> <li>• Respond, don't manage</li> <li>• Adjust outcomes and expectations, as well as interventions, as needed</li> <li>• Aim for meaningful change</li> </ul>
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## Differential Risk Framework

<p><b>LESSONS LEARNED</b></p> <ul style="list-style-type: none"> <li>• Risk and protective factors AND outcomes vary</li> <li>• Essential to consider cultural factors and context</li> <li>• Easier said than done!</li> <li>• Racial disparities</li> </ul>	<p><b>BEST PRACTICES</b></p> <ul style="list-style-type: none"> <li>• Be informed by existing empirical data, but adjust as needed</li> <li>• Statistically, may be necessary to increase significance level in smaller samples</li> <li>• Use caution when generalizing to other groups or contexts</li> </ul>
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## Engagement

<p><b>LESSONS LEARNED</b></p> <ul style="list-style-type: none"> <li>• Outcomes vary by level of engagement</li> <li>• Families can subsequently engage</li> <li>• ANY level of engagement is associated with better outcomes than no engagement or no services</li> <li>• Full engagement is most effective</li> <li>• Racial disparities</li> </ul>	<p><b>BEST PRACTICES</b></p> <ul style="list-style-type: none"> <li>• Focus on engagement, particularly full engagement</li> <li>• Be patient!</li> <li>• Monitor indicators of engagement</li> <li>• Adjust expectations and outcomes based on level of engagement</li> </ul>
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## Other Implications

- Agencies & Systems
  - Specialized and ongoing training of staff
  - Data systems, monitoring, and technology
  - Financial costs, case size and planning
  - !@#% EBP and case management!!
- Evaluation & Research
  - Resilience theories (i.e., risk and protective factors)
  - Engagement
  - Family functioning, family strengthening, and child safety
  - Racial disparities
  - Approach to analysis

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# THANK YOU!

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## Differential Risk Assessment, Engagement and Response with Culturally-diverse Families with Infants and Toddlers

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