Boys Town In-Home Family Services Outcome Study: Findings from Year One

In February 2011, the National Research Institute began a three-year In-Home Family Services Study at the Boys Town Iowa site. The objective of the study is to describe the characteristics of children and families served and evaluate their outcomes. Study participants are families enrolled in the Family Risk, Safety, and Permanency (FSRP) contract in the southwest Iowa service area. Boys Town provides in-home family services to these families as part of this contract. Study participants are interviewed on a variety of measures at intake, case closure, and follow-up. Each interview has lasted approximately 60 minutes and families were compensated for their participation.

This article presents a summary of preliminary data collected to-date. As such, conclusions regarding outcomes should be interpreted with caution.

Demographics

Among the 89 participating families, there are 196 adults (average age = 35; 49% male, 51% female) and 193 children (average age = 7; 52% male, 48% female). Forty-five percent of participating families are single family homes, with an average of three children and two adults living in the home. The majority of the children (84%) and adults (89%) of participating families are Caucasian.

Substance abuse is the most common referral reason with 44% of the current participants involved in services for substance use and abuse allegations. Lack of adequate supervision (20%) and denial of critical care (20%) are also common referral reasons. Referrals for domestic violence (14%), child/caregiver mental health (13%), and physical abuse (9%) were seen less frequently. Because substance abuse is the top referral reason, we compared the responses obtained from substance users (SA; n=46) vs. non-substance users (non-SA; n=46) on the study measures.

Strengths and Difficulties

The Strengths and Difficulties Questionnaire (SDQ) is a brief child behavior screening questionnaire completed by parents of children between the ages of 3 and 16. SDQ responses are separated into six categories: Emotional Symptoms, Conduct Problems, Peer Problems, Prosocial Behavior, and Total Difficulties. Scores in the borderline/high range indicate more problems; a borderline/high Total Difficulties score indicates the child may be more likely to have a mental health disorder.

For SA and non-SA families, Conduct Problems were the most prevalent concern for parents. Both groups also reported a high percentage of children in the borderline/high range in the Total Difficulties score (68% SA; 83% non-SA). Compared to non-SA families, SA families reported fewer child problem behaviors across all categories; however, this may be due to the fact that substance abuse, rather than child behavior problems, is the primary referral reason for SA families. Family consultants continue to use parenting skills interventions with families who are struggling with child behavior problems.

Addiction Severity

The Addiction Severity Index-Lite (ASI-L) is a semi-structured interview conducted on the study measures.

Building the Evidence-Base for Boys Town In-Home Family Services with a Scientific Prevention Study

We interviewed Kristin Duppong Hurley, Associate Research Professor at the University of Nebraska - Lincoln, to learn more about the plans for a rigorous study of Boys Town In-Home Family Services (IHFS).

Why are we doing an IHFS study?

Research in child welfare has suggested positive benefits for families and children who participate in an in-home family intervention, even if they are at low-to-moderate risk of child maltreatment. However, there is a need for scientifically tested programs to prevent these families from entering the system at a later date. To address this need, Boys Town has conducted preliminary studies on their In-Home Family Services program. Results suggest that Boys Town’s IHFS reduces risk factors and improves protective factors with child welfare system-involved families as well as children and families referred by schools.

The next step is to conduct a scientific prevention study to test the intervention with families who are not currently in the system. This study is being conducted by the Center for Child and Family Well-Being at the University of Nebraska-Lincoln and the Boys Town National Research Institute for Child and Family Studies. I will be the principal (lead) investigator for this exciting study.

Which families are eligible to participate?

Families who call the Nebraska Family Helpline will be offered an opportunity to participate in the study. If families consent to participate, they would be assigned randomly to either (1) the IHFS intervention or (2) a minimal intervention group (e.g., treatment as usual). Interventions will be...
Outcome Study (cont’d)

designed to provide information about aspects of an individual which may contribute to substance abuse. The ASI-L contains 7 categories: Medical Health, Employment, Alcohol, Drug, Legal Status, Family, and Mental Health. High category scores indicate more severe problems (see figure). Compared to non-SA families, SA families reported higher employment and mental health problems, indicating that family consultants may need to focus their services in these areas. Interestingly, families referred for substance abuse have a very low self-report for problems related to alcohol and drug use, which may be explained by a lack of readiness to change the behaviors associated with these problems (see URICA results).

Change Assessment

The University of Rhode Island Change Assessment (URICA) is a self-report measure that assesses an individual’s motivational readiness for change. This measure is typically given to individuals who have a problem (e.g., substance abuse) and likely need some type of intervention. There are five stages of change: Precontemplation (no acknowledgment of a problem), Contemplation (acknowledgement, but no desire to change a problem), Preparation (getting ready to change), Action (taking action to change), and Maintenance (continued commitment to remain problem-free). Identifying the stage of readiness to change helps an interventionist determine how to approach the situation.

The URICA was administered at intake with families who were referred for substance abuse allegations. Responses indicate that 48% of participants are in the precontemplation stage, 4.9% are in the contemplation stage, and 10% are in the maintenance stage. This indicates that most of our SA families do not think they have a problem with substances and/or are not thinking about changing their behavior. These results suggest that family consultants may need to help SA families move towards the Contemplation, Preparation, or Action stages in regards to substance abuse intervention. For example, motivational approaches to encourage change, rather than confrontational methods, may be useful for family consultants.

Family Support

The Family Support Scale (FSS) gauges an individual’s satisfaction with the child-rearing support they are receiving from individuals and groups of people in their lives. The instrument contains three subscales: Family Supports, Social Supports, and Formal Supports. The most notable result for both SA and non-SA families is the lack of social supports such as friends, coworkers, parent groups, church, etc. Assessment and development of formal and informal supports is a core component of IHFS. These supports are particularly important for families after in-home services have ended.

Conclusion

Intake data for this study will be collected through Dec. 2012, with case closure and follow-up data collection and data analyses scheduled for 2013. These data will be combined with other state-level data as well as other program measures (e.g., Strengths and Stressors, Service Planning tools) to present a comprehensive picture of the description and outcomes for families receiving Boys Town IHFS in Iowa. This will be an important step in the development of the evidence base for IHFS.

Building the Evidence-Base (cont’d)

be provided by Boys Town Nebraska staff, and families will be followed by researchers during and after the intervention. Our goal is to enroll at least 250 families from Douglas and Sarpy Counties in the study during the next three years.

What do we hope to learn from this study?

First, information will assist in understanding whether or not this type of structured intervention (IHFS) provides significantly more benefit to these families as compared to the minimal intervention which is normally provided to them. We will test for benefits in the short-term as well as seeing if the intervention helps to keep families out of the system over time.

Second, we hope to understand which families and children benefit most from this type of structured intervention (e.g., younger vs. older children, families at low vs. moderate risk).

Third, we would like to assess the quality of model implementation. This will help determine if the intervention was implemented as designed and discover if some model components provide greater benefit than others.

Finally, we will potentially have a scientifically validated strategy for prevention of child maltreatment.

How does this fit in the Strategic Plan?

A primary goal of the Strategic Plan has been to build the evidence base, especially for IHFS and Community Support Services. More scientific evidence for IHFS will continue to fuel the growth of this strategic service. In addition, this is a unique opportunity to study early intervention and prevention of child maltreatment using family-focused in-home services.

We plan to publish the results of this study in scientific journals and also hope they will be used to advocate for effective prevention of child abuse and neglect.