

DoCS Research to Practice Update

A regular update on the latest national and international research

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Research Publications – What's New!

Research to practice

The Research to Practice Program provides an essential link between the latest research and DoCS staff.

As part of this important initiative, the Research to Practice Update encompasses a broad range of research publications and resources to reflect the diversity of DoCS staff.

If you have any comments or suggestions about how we could improve this Update to make it more useful or relevant to your work, please email the Research to Practice Team at:

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Early Intervention

A randomised, controlled evaluation of early intervention: the Born to Learn Curriculum

D. Drotar, J. Robinson, L. Jeavons & H. Lester Kircher. *Child: Care, Health & Development*, 35(5), 643-649.

This study addressed the need for studies of the efficacy of the Born to Learn (BTL) curriculum. Based on random assignment, 227 families of infants received the BTL curriculum conducted in monthly home visits and 237 families received general child development education only. The BTL curriculum resulted in higher mastery motivation (task competence) at 36 months ($p < 0.05$) and greater effects for children from low ($p < 0.01$) versus high socio-economic status on mastery motivation and cognitive development at 24 months. No effects were found on a wide range of other developmental outcomes. Future studies should document the BTL curriculum effectiveness in diverse settings and samples.

The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials

Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., Bayliss, S., et al. (2009). *Child and Adolescent Psychiatry and Mental Health*, 3(1) (in press).

Conduct problems are common, disabling and costly. The prognosis for children with conduct problems is poor, with outcomes in adulthood including criminal behaviour, alcoholism, drug abuse, domestic violence, child abuse and a range of psychiatric disorders. There has been a rapid expansion of group-based

parent-training programmes for the treatment of children with conduct problems in a number of countries over the past 10 years. Existing reviews of parent training have methodological limitations such as inclusion of non-randomised studies, the absence of investigation for heterogeneity prior to meta-analysis or failure to report confidence intervals. The objective of the current study was to systematically review randomised controlled trials (RCTs) of parenting programmes for the treatment of children with conduct problems. Meta-analysis and qualitative synthesis were used to summarise included studies. There was insufficient evidence to determine the relative effectiveness of different approaches to delivering parenting programmes. Parenting programmes are an effective treatment for children with conduct problems. The relative effectiveness of different parenting programmes requires further research.

Parent, family, and neighbourhood effects on the development of child substance use and other psychopathology from preschool to the start of adulthood

Buu, A., Dipiazza, C., Wang, J., Puttler, L., Fitzgerald, H., & Zucker, R. (2009). *Journal of Studies on Alcohol and Drugs*, 70(4), 489-498.

The study examined the long-term effects of childhood familial and neighbourhood risk on adolescent substance use and psychiatric symptomatology. The data used was from an ongoing 2-decade long US study that recruited alcoholic and neighbourhood control families through fathers' drunk-driving records and door-to-door canvassing in a four county area. The sample included 220 male, initially 3 - 5 year-old children of the participant families, who received in-home

assessments at baseline and thereafter at 3-year intervals. Parental lifetime psychopathology and offspring symptomatology at ages 18-20 were assessed by semi-structured diagnostic interviews. Census tract variables were used to indicate neighbourhood characteristics. It was found that the isomorphic parental symptomatology predicted offspring psychopathology. For marijuana-use disorder, major depressive disorder, and nicotine dependence, the other parental co-morbidities were also significant predictors. Neighbourhood residential instability in childhood contributed to the development of late adolescent alcohol-use disorder, marijuana-use disorder, major depressive disorder, antisocial personality disorder, and nicotine-dependence symptomatology. Although lower family socioeconomic status in childhood contributed to more adolescent marijuana-use disorder, major depressive disorder, and nicotine-dependence symptoms, neighbourhood socioeconomic status did not predict adolescent psychopathology. Longitudinal changes in neighbourhood environments from early childhood to adolescence had significant effects on alcohol-use disorder, marijuana-use disorder, and major depressive disorder symptoms in late adolescence. A higher frequency of family mobility from early childhood to adolescence predicted more nicotine-dependence symptoms in late adolescence. Findings indicate that parental psychopathology, family socioeconomic status, and neighbourhood residential instability are all important risk factors for the development of substance-use disorder and other co-morbid psychopathology. Intervention programming might effectively use these early parental psychopathology indicators to identify risk and might target community activity to stabilise the social environment and provide youth services to counteract the effects of family transience.

Frameworks: A community-based approach to preventing youth suicide

Baber, K., & Bean, G. (2009). *Journal of Community Psychology*, 37(6), 684-696.

Few youth suicide prevention programs are theory based and systematically evaluated. This US study evaluated the pilot implementation of a community-based youth suicide prevention project guided by an ecological perspective. One hundred and fifty-seven adults representing various constituencies from educators to health care providers and 131 ninth-grade students received training and participated in the evaluation. Analysis of questionnaire data collected before and after the trainings indicated significant increases in knowledge about youth suicide and belief in the usefulness of mental health care among adults and students. Adults' preparedness to help youth also increased. Students' sense of responsibility to help their peers who might be at risk for suicide increased from pre- to post training, as well as the likelihood that these trained students would seek adult assistance immediately if they were concerned about a peer. The results of these analyses are discussed in the context of qualitative information collected through individual interviews with key community contacts.

Out-of-Home Care

Non-infant adoption from care: Lessons for safeguarding children

Rees, C. A., & Selwyn, J. (2009). *Child: Care, Health & Development*, 35(4), 561-567.

The aim of this UK study was to explore the use of adoption in remedying abuse and neglect, to inform child protection practice, and to identify professional responsibilities to adoptive families. A cohort of 130 children were identified for whom adoption was recommended in 1991-1996 at a mean age of 5.7 years (range 3-11). All were in local authority care for child protection reasons. Thirty-eight per cent of children failed to achieve stable adoption. Later entry to care correlated with poorer outcome. The study highlights the importance in safeguarding children, considering the implications of parental childhood experiences, and indicates the risk of delay. The high prevalence of domestic violence in birth families indicates the need for better resources for managing emotional dysregulation. Adoption is a valuable therapeutic tool, but professional responsibilities in supporting it need to be acknowledged and adequately resourced. Supporting substitute care should be considered integral to safeguarding children.

Adolescents in residential and inpatient treatment: A review of the outcome literature.

Bettmann, J., & Jaspersen, R. (2009). *Child & Youth Care Forum*, 38(4), 161-183.

Operationalising treatment efficacy has become essential in the field of psychotherapy. Managed health care now requires psychotherapy to produce measurable outcomes and define success concretely. This requirement has resulted in research attempting to identify empirically supported and evidence-based

treatments. This US article presents a review of adolescent residential and inpatient outcome literature, for the purpose of identifying elements of successful programs and highlighting needed directions for research in the field.

Loved, valued, and included: Some implications of neurobiological, systems, and psychotherapeutic research for social welfare

Stafford, B. (2009). *Journal of Loss & Trauma*, 14(4), 280-286.

The authors of the primary articles in this special edition provide early and promising evidence that developmentally sensitive psychotherapeutic interventions and integrated care systems improve the lives of children who have been exposed to abuse or neglect. Why, then, do so many children in the social welfare system receive care that is not fostering their potential? This response highlights other perspectives about where we stand today in regard to the care of children that enter out of home placements, highlighting some of our grand achievements and our current failures. Even as the debates about government debt and fiscal responsibility mount, what is clearly required is the transcendence of our current system to one that is developmentally sensitive, integrated, evidence-based, and sustainable.

What is the impact of public care on children's welfare? A review of research findings from England and Wales and their policy implications

Forrester, D., Goodman, K., Cocker, C., Binnie, C., & Jensch, G. (2009). *Journal of Social Policy*; 38(3), 439-456.

The outcomes for children in public care are generally considered to be poor. This has contributed to a focus on reducing the number of children in care. Yet while children in care do less well than most children on a range of measures, such comparisons

do not disentangle the extent to which these difficulties pre-dated care and the specific impact of care on child welfare. This article explores the specific impact of care through a review of British research since 1991 that provides data on changes in child welfare over time for children in care. Only 12 studies were identified, indicating a lack of research in this important area. The studies consistently found that children entering care tended to have serious problems but that in general their welfare improved over time. This finding is consistent with the international literature. It has important policy implications. Most significantly it suggests that attempts to reduce the use of public care are misguided, and may place more children at risk of serious harm.

How do placements in kinship care compare with those in non-kin foster care: Placement patterns, progress and outcomes?

Framer, E. (2009). *Child & Family Social Work*, 14(3), 331-342.

Given an anticipated rise in the use of kinship care in England firm evidence about kin placement outcomes and how these compare with those in stranger foster care is needed. The research reported in this study was based on 270 children, half in kin placements and half in stranger foster care. Kin carers were found to be significantly more disadvantaged than stranger foster carers: more kin carers were lone carers, with health problems living in over crowded conditions and had financial difficulties. The children, in contrast, were remarkably similar in the two kinds of placement. The main differences between the children in the two settings are examined in the paper. The children's progress and outcomes in terms of placement quality and disruption were very similar in the two settings, but kin placements lasted longer, mainly because fewer were planned as interim placements. However,

because kin carers persisted with very challenging children and yet received fewer services than stranger foster carers, they were more often under strain. The implications for policy and practice are examined.

A school-based, family-centered intervention to prevent substance use: The Family Check-Up

Stormshak, E.A., & Dishion, T.J. (2009). *American Journal of Drug & Alcohol Abuse*, 35(4), 227-232.

The Family Check-Up (FCU) is a selected intervention model that can be delivered in contexts such as schools that serve at-risk children and families. It is grounded in developmental theory and targets salient risk factors for the development of later problem behaviour such as substance use, family management deficits, deviant peer affiliations, and problem behaviour at school. The FCU model has been implemented in schools across several randomised trials. The model includes the development of a family resource centre in the schools and interventions that target youth at risk for problem behaviour and substance use. Twenty years of US research associated with the FCU have produced outcomes that show that the model is effective for enhancing family management skills, reducing risk behaviour, and reducing the long-term risk for substance use in adolescence. Implications for public policy and the delivery of interventions to prevent substance use in public schools and communities are discussed.

Child Protection

What happens to parents with intellectual disability following removal of their child in child protection proceedings?

Mayes, R., & Llewellyn, G. (2009). *Journal of Intellectual & Developmental Disability*, 34(1), 92-95.

The article offers views on what happens to parents with intellectual disability after the removal of their child in child protection proceedings. According to the authors, one possibility is that the parents may decide to have another child in an effort to replace the removed child. The Australian authors cited another possibility, that is, the damaging effects of child removal on parental mental health, which if not solved, may reduce the possibility of child restoration or even parent access to their child.

Psychiatric disorders of parents of physically abused adolescents

Kaplan, S., Sunday, S., Labruna, V., Pelcovitz, D., & Salzinger, S. (2009). *Journal of Family Violence*, 24(5), 273-281.

Psychiatric disorders of 142 parents of adolescents who were documented as physically abused during adolescence and 168 parents of non-abused comparison adolescents were assessed. Fathers and mothers of physically abused adolescents exhibited higher rates of Axis I diagnoses and co-occurring disorders, and had more impaired GAS scores than comparison parents. Fathers of abused adolescents had greater lifetime incidence of conduct disorder and substance abuse/dependence than comparison fathers. Mothers of abused adolescents had more unipolar depressive disorders than comparison mothers. This US study highlights the importance of mental

health assessments and interventions for parents of physically abused adolescents. Since onsets of parental psychiatric disorders antedated the abuse, early recognition and treatment of parental disorders may contribute to prevention of the onset and/or reoccurrence of adolescent physical abuse.

Female sex offenders: A controlled comparison of offender and victim/crime characteristics.

Johansson-Love, J., & Fremouw, W. (2009). *Journal of Family Violence*, 24(6), 367-376

The current US study was a chart review of 31 female sex offenders (FSO), 31 male sex offenders (MSO), 31 female violent offenders (FO), and 31 male violent offenders (MO). This is the first known study to employ three control groups when researching female sex offenders. Multiple variables appeared related to gender and crime. However, some variables emerged as FSO specific. They reported the least alcohol abuse history and had fewer admissions of guilt to the crime than the two violent offender samples. More FSOs knew their victim and were biologically related to their victim than MSOs. Lastly, the FSO sample was the least discriminating as to their victim's gender and had the highest overall rate of sexual victimisation.

Other

Comparing overdose mortality associated with methadone and buprenorphine treatment

Bell, J.R., Butler, B., Lawrance, A., Batey, R., & Salmelainen, P. (2009). *Drug and Alcohol Dependence*, 104 (1-2), 73-77.

The aim of this Australian study was to compare overdose mortality associated with methadone and buprenorphine treatment for opioid dependence. In the 9-month period

of the study there were 13,718 in methadone treatment and 2716 people in buprenorphine treatment. There were 60 sudden deaths positive for methadone (32 in-treatment) and 7 buprenorphine-positive decedents (none in treatment). Most out-of-treatment deaths occurred in people with known histories of drug misuse. Forty-three methadone positive cases - 19/32 in treatment, and 24/28 out-of-treatment - and 2 of the 7 buprenorphine-positive deaths were due to overdose. In this short-term study, buprenorphine was associated with lower overdose risk than methadone.

The effectiveness of family therapy and systemic interventions for child-focused problems

Carr, A. (2009). *Journal of Family Therapy*, 31(1), 3-45.

This Irish review presents evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties, and updates a similar paper published in the *Journal of Family Therapy* in 2001. In this context, systemic interventions include both family therapy and other family-based approaches such as parent training. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (including childhood behavioural difficulties, ADHD, delinquency and drug abuse); emotional problems (including anxiety, depression, grief, bipolar disorder and suicidality); eating disorders (including anorexia, bulimia and obesity); and somatic problems (including enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes).

Parenting and temperament as predictors of prosocial behaviour in Australian and Turkish Australian children

Yagmurlu, B., & Sanson, A. (2009). *Australian Journal of Psychology*, 61 (2), 77-88.

This study investigated the direct and indirect roles of parenting, child temperament and sociocultural context in predicting prosocial behaviour as identified by behavioural assessments and parent and teacher ratings. Comparisons of Australian children and Turkish children living in Australia allowed examination of cultural similarities and differences in levels of prosocial behaviours and in their predictors. Participants were 153 Australian 4-6-year-old children and 58 children with a Turkish background recruited from childcare centres serving low- and middle-class communities. Turkish and Australian children were similar in their levels of prosocial development, but the factors that predicted prosocial behaviour were somewhat different. Hierarchical multiple regression showed that maternal warmth and child persistence predicted prosocial behaviour for the Australian sample. For the Turkish sample, obedience-demanding behaviour had a facilitating effect upon prosocial development. The results are discussed in relation to cultural norms and their impact on children through parenting practices.

Clinical judgements: Research and practice

Bell, I., & Mellor, D. (2009). *Australian Psychologist*, 44(2), 112-121.

This paper explores issues that are relevant to the judgements routinely made by clinical psychologists. It first considers the relative merits of clinical and statistical approaches to decision making and notes that although much of the empirical

evidence demonstrates the greater accuracy of statistical approaches to making judgements (where appropriate methods exist), they are rarely routinely used. Instead, clinical approaches to making judgements continue to dominate in the majority of clinical settings. Second, common sources of errors in clinical judgement are reviewed, including the misuse of heuristics, clinician biases, the limitations of human information-processing capacities, and the over reliance on clinical interviews. Finally, some of the basic strategies that can be useful to clinicians in improving the accuracy of clinical judgement are described. These include advanced level training programs, using quality instruments and procedures, being wary of over reliance on theories, adhering to the scientist-practitioner approach, and being selective in the distribution of professional efforts and time.

Reports

Protecting children is everyone's business: National framework for protecting Australia's children 2009-2020

(2009). Council of Australian Governments.

All Australian governments have endorsed the first National Framework for protecting Australia's children. It represents an unprecedented level of government and non government organisation collaboration to protect children, placing children's interests firmly at the centre of everything we do.

http://www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs

Moving forward: Women's journeys after leaving an abusive relationship

Nelson, G., & Spalding, K. (2009). The Benevolent Society.

This report presents findings from a literature review and qualitative research project undertaken with women who have left a domestic violence relationship and staff who have experienced working with these women.

<http://apo.org.au/research/moving-forward-womens-journeys-after-leaving-abusive-relationship>

NSW Health News. Keep Them Safe. Newsletter Issue 1, July 2009

NSW Health is lead agency for 28 actions in Keep Them Safe as well as being involved in many key actions requiring cross-agency collaboration. This 7 page newsletter details the progress to date on the actions.

<http://www.health.nsw.gov.au/pubs/2009/pdf/>

Resources

Human Services Network

HSNet is a free, secure website for staff (government and non-government) working in the NSW human services sector run by the NSW Department of Commerce. It provides a central location for sharing information across government and non-government agencies, a discussion forum service, and a service directory list.

URL: www.hsnet.nsw.gov.au

DoCS Research to Practice Update

Conferences

[ISPCAN Asia-Pacific Regional Conference on Child Abuse and Neglect](#)

The 8th ISPCAN Asia-Pacific Regional Conference on Child Abuse and Neglect, incorporating the 12th Australasian Conference on Child Abuse and Neglect, will be held in Perth, Western Australia from the 15th to 18th November 2009.

[2nd Family Relationship Services Australia National Conference Children and Families: Reducing risk, building resilience](#) will be held 24 - 26 November 2009 at Sheraton on the Park Sydney, NSW

Aboriginal Child, Family and Community Care State Secretariat, NSW (AbSec). The conference is titled '*40,000 Years of Caring for our Kids*'. It will focus on Aboriginal child protection and foster/kinship caring with three major themes: research, policy/legislation and program/service delivery

[The 2nd National Indigenous Family & Community Strengths Conference](#)

The theme of the conference is 'Strong Stories, Strong Mob, Strong Kids: Growing up Together', will be held at the University of Newcastle, Callaghan Campus, 1-3 December 2009.

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