

Targeted Short-Term Home Visiting



Goals

The goals of targeted, short-term, home visiting interventions reviewed below are to help parents (who may have multiple risk factors) address problematic child behaviors through improvements in positive parenting practices.

Program Features

Targeted, short-term, home visitation programs may vary in approach as well as the risk factors displayed by parents and children, which may include: poverty, mental health issues, history of domestic violence in the home, either parent having a history of abuse with other children, etc.

The home visitors may be social workers or trained paraprofessionals who provide several home visits based on the needs of the families. These providers will make referrals and help families link to other community resources based on their unique needs.

This summary contains information on different approaches to providing targeted, short-term, home visitation services. For the purposes of this review, short-term home visiting refers to programs that run approximately 6 months or less. The interventions reviewed here included between 3 and 8 home visits per family.

Target Audience

Parents of young children who are exhibiting or at risk of problem behaviors

Special Note

Many programs that are targeting parents based on a variety of risk factors choose to use long-term home visiting. When parents are dealing with a variety of challenges, the research has shown that more long-term intensive work with families is required. For example, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers offer intensive home visiting in some cases for up to five years. These long-term home visiting programs have a great deal more evidence generally having a rating of Evidence-Based.

Targeted Short-Term Home Visiting Snapshot

- **EC Profile Indicator:** FS30 - Percent of children age 0-5 with an investigated report of child abuse/neglect
- **Clearinghouse rating:** None
- **Research supports** use with high risk families with infants and toddlers
- **Related Smart Start outcomes:**
 - Increase in positive parenting practices
 - More children on track for typical and/or enhanced development
- **Suggested Assessments:**
 - Eyberg Child Behavior Inventory
 - Child Behavior Checklist

Documented Outcomes

	Type of Study	Parent Outcomes		Child Outcomes	
		Parental Sensitivity	Positive Parenting Practices*	Child Behavior Problems**	Child Attachment Behavior**
Moss et.al. (2011) ⁱ	Experimental	✓			✓
Dishion et.al. (2008) ⁱⁱ	Experimental		✓	✓	
Gardner et.al. (2007) ⁱⁱⁱ	Experimental		✓		
Bagner et.al. (2013) ^{iv}	Non-experimental		✓		

This table contains outcomes found to be associated with the program or approach. Individual studies may contain additional outcomes that were tested and not found to be associated with the program or approach.

Aligned with Smart Start outcome *Increase in positive parenting practices

***Aligned with Smart Start outcome *More children on track for typical and/or enhanced development**

Research Evidence for Targeted Short-Term Home Visiting

- Targeted, short-term, home visitation can be effective for families in which children have exhibited problem behaviors.
- Short-term programs typically offer a few sessions, targeting specific parenting or behavioral issues.

Review of Experimental and Quasi-Experimental Studies

Citation	Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. <i>Development and Psychopathology, 23</i>, pp. 195–210.
Population and Sample	The study included 67 parent-child dyads were randomly assigned to treatment (n=35) and control (n=32) groups.
Methodology	Experimental with random assignment
Purpose	<p>The study's goal was to determine the effectiveness of a short-term home visitation program on risk of child maltreatment. The study addressed the following hypotheses:</p> <ol style="list-style-type: none"> (1) At posttest, in comparison with the control group, the intervention group will show an increase in parental sensitivity, an increase in the proportion of children showing secure (B) versus insecure (A, C, and D combined) attachment to the caregiver, and a decrease in the proportion of children showing disorganized (D) versus organized (B, A, and C combined) attachment. (2) The intervention would act as a protective factor in decreasing the vulnerability of maltreated children to the development of behavior problems. <p>The team also was able to address the moderating role of child age on outcome measures.</p>
Measures & Assessments	<ul style="list-style-type: none"> • Maternal Behavior Q-Set • Strange Situation Procedure for children age 12-24 months • Preschool Separation–Reunion Procedure for children age 2-6 years • Child Behavior Checklist
Study Implementation	<ul style="list-style-type: none"> • Participants were recruited through child welfare and community service agencies that were asked to refer clients who were a) the primary caregiver (biological mother or father) of a child between 12 and 71 months and were presently living with the child, b) primarily French speaking, c) not participating in any other parent-child oriented treatment program, and d) being monitored by a community (n=13) or child welfare agency (n=54) for child maltreatment. Legal involvement was not considered necessary in cases of community monitoring because a parent or clinical worker reported the maltreatment and the family agreed to receive parenting services and monitoring by a specially designated community organization. Participating parents signed an informed consent, which explained randomization and data use from all sessions for research purposes. • Participating families completed pretest measures during a 2-hour home and 1-hour lab visit, scheduled approximately 1 week apart. Following completion of the pretest assessments, families were randomly assigned to the intervention or control group using a simple 1:1 block allocation sequence. • One week after completing the pretests, the 8-week home visiting program focused on the caregiver-child relationship and caregiver sensitivity began for the intervention group. The home visits included brief discussions of relevant themes (attachment, emotion, regulation) and video feedback of caregiver-child interactions. Interveners were blind to study hypotheses (excluding those concerning changing sensitivity) and pretest results. • Both intervention and control groups received the standard agency services, which consisted of a monthly visit by a child welfare caseworker. Agency standards are not uniform and usually consist of general monitoring of family conditions with respect to neglect and abuse. Caseworkers were also available to respond in crisis situations. • Approximately 10 weeks after the second pretest visit, the post-test evaluation, conducted by different

	<p>research assistants who were blind to group assignment, took place for both groups.</p> <ul style="list-style-type: none"> • A member of the project staff supervised interveners on a weekly basis with expertise in the intervention method. Some sessions were videotaped for use in supervision and to check treatment delivery against training standards.
Staff Qualifications	<ul style="list-style-type: none"> • Four clinical workers with experience (3 with more than 10 years, 1 with less than 5 years) in child welfare settings were trained by attachment experts to observe and understand attachment behavior in infants, toddlers, and preschoolers. Three of the workers had bachelor degrees in psychology and one had a master's degree.
Key Findings	<ul style="list-style-type: none"> • There were significant improvements in parental sensitivity and child attachment security in the treatment group. • There was a significant decrease in child disorganization in the treatment group. • Older treatment group children exhibited lower levels of internalizing and externalizing problem behaviors. <p>Parental Sensitivity</p> <ul style="list-style-type: none"> • The study team found that treatment group parents exhibited higher levels of sensitivity after the intervention, compared to control group parents ($d=.47$, $p<.05$). • The study team found that child age was not a statistically significant moderator of the intervention. <p>Child Behavior Problems</p> <ul style="list-style-type: none"> • The study team found that there were not significant differences between treatment and control groups on measures of externalizing problems. • The study team found that there were not significant differences between treatment and control groups on measures of internalizing problems. • The study team found that child age significant moderated the impact of the intervention on internalizing problems ($p<.01$) and externalizing problems ($p<.01$). • The study team found that, in the treatment group, externalizing and internalizing problems decreased as children got older ($p<.05$). In the control group, however, externalizing and internalizing problems marginally increased with age (but was not statistically significant at $p<.05$). <p>Child Attachment Behavior</p> <ul style="list-style-type: none"> • The study team found that there was a statistically significant intervention effect on security scores (effect size: $r=.36$, $p<.05$). More specifically, the team found that, in the treatment group, a greater proportion of insecure children became secure, compared to the control group. Further, in the treatment group, a smaller proportion of children remained insecure, compared to the control group. • The study team found that there was a statistically significant intervention effect on child disorganization (effect size: $r=.37$, $p<.05$). More specifically, the team found that, in the treatment group, a greater proportion of disorganized children became organized, compared to the control group. Further, one child in the treatment group became disorganized, compared to seven children in the control group. • The study team found that child age was not a significant moderator of the intervention, for child attachment (as assessed through measures of security and disorganization).

Citation	Dishion, T. J., Connell, A., Weaver, C., Shaw, D., Gardner, F., & Wilson, M. (2008). The family check-up with high-risk indigent families: Outcomes of positive parenting and problem behavior from ages 2 through 4 years. <i>Child Development, 79</i>(5), pp. 1395-1414.
Population and Sample	The study included 731 mother-child dyads randomly assigned to an intervention (Family Check-Up (FCU)/EcoFIT intervention) or control (Women, Infants, and Children (WIC) program as usual) group. Eligible and participating families were identified at WIC sites and had children ages 2 years to 2 years 11 months. Families were located in metropolitan, suburban, and rural communities.
Methodology	Experimental, with random assignment to treatment and control groups
Purpose	<p>The study was an outcomes assessment of the Family Check-Up/EcoFIT program. The program provides linked interventions that can be tailored and adapted to family needs and targets family management in early childhood with the goal of preventing or reducing problem behaviors. Family Check-Up occurs over three sessions: an initial contact session, an assessment session, and a feedback session. Families also were provided EcoFIT services after completing the Family Check-Up. The study hypothesized that families at high risk involved in WIC and randomized to the EcoFIT would:</p> <ol style="list-style-type: none"> (1) Report reductions in problem behavior from child age 2 though age 4 years, compared with control families; (2) Show increases in caregiver involvement and direct observations of positive parenting practices at child age 2 and 3, compared with control participants; (3) Show that reductions in problem behavior would be mediated by improvements in positive parenting practices, as measured by home visitor ratings and direct observations of parent-child interaction.
Measures & Assessments	<ul style="list-style-type: none"> • Center for Epidemiological Studies on Depression Scale • Child Behavior Checklist for Ages 1.5-5 • Eyberg Child Behavior Inventory
Study Implementation	<ul style="list-style-type: none"> • The study included families with a child between 2 years 0 months and 2 years 11 months. • Families were screened for socioeconomic, family, and/or child risk for future behavior problems. Families had to have two or more risk factors to be included in the study. • Parents received a 2.5-hour home visit. Pre-test assessments were conducted during the initial home visit. Home visits and observations were conducted at ages 3 and 4 in both treatment and comparison groups. • Treatment group participants received the intervention with a parent consultant for two or more sessions. Treatment group participants also were offered follow-up sessions, which focused on parenting practices, other family management concerns (e.g., co-parenting), and contextual issues (e.g., child care resources, marital adjustment, housing, vocational training). • Consultants were trained for 2.5-3 months with a combination of techniques (including didactic instruction, role-playing, and ongoing videotaped supervision of intervention activity to ensure fidelity). The team also conducted weekly cross-site case conferences via videoconferencing to further enhance fidelity. Finally, the team conducted annual meetings, to provide updates to training.
Staff Qualifications	<ul style="list-style-type: none"> • Parent consultants were PhD and master's-level service workers with previous experience implementing family-based interventions but no experience using FCU. • The initial certification of parent consultants included reviews of videotapes of feedback and follow-up intervention sessions.
Key Findings	<ul style="list-style-type: none"> • There was a decrease in reported problem behaviors in treatment group families, compared to the control group. • Families in the treatment group exhibited improvements on all measures of positive parenting. • Improvements in positive parenting mediated improvements in child behavior. <p>Eyberg Problem Behavior Scale</p> <ul style="list-style-type: none"> • The study team found that there were significant intercept and slope values as well as significant residual variance in the intercept and slope parameters. Further, the team found that there was a significant intervention effect on the rate of change in problem behavior. More specifically, the team found that "there was more growth in problem behavior in the control group compared with the intervention group." <p>CBCL Externalizing Scale</p> <ul style="list-style-type: none"> • The study team found that there were significant intercept and slope values as well as significant residual variance in the intercept and slope parameters. Further, the team found that there was a significant intervention effect on the rate of change in problem behavior. As with the Eyberg Problem

Behavior Scale, the team found that there was “more growth in problem behavior in the control group.”

Moderators

- The study team found that gender was not a significant moderator of the Eyberg Problem Behavior and Externalizing Behavior Problem scales.
- The study team found that ethnicity was not a significant moderator of the Eyberg Problem Behavior and Externalizing Behavior Problem scales.

Positive Parenting Practices

- The study team found that treatment group participants exhibited “statistically reliable improvements in observed positive parenting.”

Positive Parenting and Child Problem Behavior

- When using the CBCL Externalizing Problem Behavior scale, the study team found that “the direct effect of intervention on the problem behavior slope was not significant with maternal symptoms included in the model.” Further, the team found that “Treatment significantly predicted improvements in positive parenting from child age 2 to 3. More positive parenting predicted less growth in problem behavior. The indirect effect from intervention to more positive parenting to decreased growth in problem behavior was statistically significant, although small in magnitude, indicating a significant partial mediation effect of positive parenting.”
- When using the Eyberg Child Behavior Inventory, the study team found that “The direct effect of intervention on the problem behavior slope was not significant with positive parenting in the equation. The family-centered intervention significantly predicted improvements in positive parenting from child age 2 to 3. More positive parenting predicted less growth in problem behavior in early childhood. The indirect effect from intervention to more positive parenting to less growth in problem behavior was statistically reliable.”

Citation	Gardner, F., Shaw, D. S., Dishion, T. J., Burton, J., & Supplee, L. (2007). Randomized prevention trial for early conduct problems: effects on proactive parenting and links to toddler disruptive behavior. <i>Journal of Family Psychology</i>, 21(3), pp. 398–406.
Population and Sample	The study included 120 low-income 2-year-old boys and their mothers randomly assigned to intervention (n=60) and control (n=60) groups. Families were recruited at Women, Infants, and Children (WIC) Nutritional Supplement Program sites.
Methodology	Experimental, with randomized assignment to treatment and control groups.
Purpose	This was a prevention trial of the effectiveness of a brief, multi-faceted, family-centered intervention designed to reduce disruptive behavior. The study addressed the following questions: (1) Does a brief parenting-focused intervention in low-income toddlers at high risk for conduct problems lead to increases in positive and proactive parenting from ages 2 to 3? (2) To what extent do changes in proactive and positive parenting contribute to change in child disruptive behavior from ages 2 to 3, independent of effects of negative parenting?
Measures & Assessments	<ul style="list-style-type: none"> • Child Behavior Checklist, 2-3 • Eyberg Behavior Inventory • Parent-child video-recorded observations
Study Implementation	<ul style="list-style-type: none"> • The study included parents who had a son between 17 and 27 months of age. • Parents were screened for risk factors. Parents had to have at least two risk factors to participate in the study, including socioeconomic, family, and/or child risk for conduct problems. • The treatment group received the home-based Family Check-Up (FCU) program. The control group received WIC food vouchers but no intervention from therapists. After completing the program, treatment group participants were offered follow-up sessions that focused on “parenting practices and other contextual issues (e.g., child care, marital adjustment, housing). Pre-assessments and observations were completed during the initial home visit. • Parents in both treatment and comparison groups received a follow-up visit after approximately 12 months. Post-assessments were conducted during this follow-up visit. • The study team videotaped sessions for use in supervision. These included both face-to-face and video-conference meetings. In addition, therapists used a written manual and the program’s book as a guide

	for providing parenting support.
Staff Qualifications	<ul style="list-style-type: none"> Two master’s-level therapists were trained and supervised by the intervention developers.
Key Findings	<ul style="list-style-type: none"> There was an increase in proactive and positive parenting skills in treatment group parents. Increases in proactive and positive parenting were associated with changes in disruptive behavior (borderline significant mediating effect). <p>Change in Parenting and Child Behavior Following Intervention</p> <ul style="list-style-type: none"> The study team found that there was a “developmental trend across time was for maternal proactive–positive and negative strategies to increase between ages 2 and 3.” However, the team found that there were statistically significant differences between the treatment and comparison groups with regard to gains in proactive and positive parenting between ages 2 and 3, with greater gains exhibited in the treatment group ($p=.037$). The study team noted that “Observed negative parenting did not change as a result of the intervention.” <p>Predicting Change in Child Behavior From Change in Parenting</p> <ul style="list-style-type: none"> The study team found that “increases in proactive and positive parenting strategies from ages 2 to 3 predicted improvement in CBCL Destructive scale scores across the same period” ($r=.21$, $p=.015$). In comparison, the team found that “Change in negative parenting did not predict change in child CBCL Destructive.” The study team examined inter-correlations between proactive parenting, child destructive behavior and intervention status. The team found that all three variables are inter-correlated, as follows: “treatment status is related to change in proactive parenting ($r = .18$, $p = .037$) and change in CBCL Destructive ($r = .26$, $p = .004$); change in proactive parenting is related to improvement in CBCL Destructive ($r = .21$, $p = .015$). The study team found that “proactive parenting did not significantly mediate treatment effects, although there was a suggestion of a trend in that direction ($p = .07$). Instead, it appears that change in proactive and positive parenting was associated with change in child outcome in both intervention and control groups,” and that “There was no association between child destructive behavior at age 2 and negative or positive parenting at age 3.”

Review of Descriptive and Non-Experimental Studies

Citation	Bagner, D. M., Rodriguez, G. M., Blake, C. A., & Rosa-Olivares, J. (2013). Home-based preventive parenting intervention for at-risk infants and their families: An open trial. Cognitive and Behavioral Practice, 20, pp. 334-348.
Population and Sample	The study included seven 12- to 15-month-old infants and their families. Families were recruited from a large pediatric primary care clinic with high Hispanic representation. Six of the 7 families completed the intervention
Methodology	Non-experimental
Purpose	The study’s goal was to determine the feasibility, acceptability, and early outcomes of a home-based intervention designed to prevent externalizing problem behaviors.
Measures & Assessments	<ul style="list-style-type: none"> Therapy Attitude Inventory (TAI) Dyadic Parent-Child Interaction Coding System–Third Edition Infant-Toddler Social and Emotional Assessment Child Behavior Checklist for 1½- to 5-Year-Olds
Study Implementation	<ul style="list-style-type: none"> The intervention involved the use of an adapted version of Parent-Child Interaction Therapy (PCIT), which was designed to strengthen the parent-child interaction to change child behavior. PCIT progresses through two phases: Child Directed Interaction (CDI) where the parents learn to follow their child’s lead in play and use differential attention to strengthen the parent-child relationship; and Parent Directed Interaction (PDI), where parents learn to use effective commands and time-out for noncompliance. Because PDI is developmentally inappropriate for infants, the adaption focused on the core features of CDI while addressing the developmental needs of infants.

	<ul style="list-style-type: none"> Families meeting the screening criteria were contacted to arrange for baseline assessments, following which all families received the home-based intervention weekly for an average of 6 1-hour sessions. Parents were expected to practice the skills daily in a 5-minute infant-led play in between sessions. Following the intervention and approximately 2 months after the baseline, families were seen for the post-intervention assessment in their home, which included the same measures completed at baseline with an additional measure of program satisfaction. Families participated in a home-based follow-up assessment that occurred between 4 and 6 months after the post-intervention assessment. Families were reimbursed \$50 for their participation in each assessment, totaling \$150 for their involvement in the entire study. The first author, a PCIT Master Trainer, trained graduate students. Graduate students participated in weekly group supervision to discuss each case along with the first author, and all sessions were audiotaped and later coded for therapist adherence to the intervention manual.
Staff Qualifications	<ul style="list-style-type: none"> B.A.-level graduate students in clinical psychology under the supervision of and along with the first author and licensed clinical psychologist.
Key Findings	<ul style="list-style-type: none"> All participating mothers documented significant improvements in parent-child interactions Participating mothers documented significant improvements in infant behavior problems <p>Outcome Trends for Parenting Skills</p> <ul style="list-style-type: none"> The study team found that “mothers significantly increased their use of the “do” skills and significantly decreased their use of the don't skills.” Both the increase in use of “do” skills and decrease in use of “don't” skills were significant at $p < .001$, at the time of the post-intervention assessment. The increase in use of “do” skills was significant at $p < .05$ and decrease in use of “don't” skills was significant at $p < .001$ at the time of the follow-up assessment. <p>Outcome Trends for Infant Behavior</p> <ul style="list-style-type: none"> The study team found that, on the ITSEA Externalizing Scale, “changes between baseline and follow-up approached significance with an effect size of 1.34.” The study team found that, on the ITSEA Dysregulation Scale, “Changes between the baseline and follow-up also approached significance with an effect size of 1.37.” The study team found that, on the CBCL (administered only at the follow-up due to the age criterion (i.e., 18 months), “all infants were below the clinical cutoff on the externalizing scale (i.e., T-scores of 63) and 5 of 6 were below the clinical cutoff on the emotionally reactive scale (i.e., T-score of 65).” The team also made comparisons “between the baseline ITSEA externalizing and dysregulation scales and the follow-up CBCL externalizing and emotionally reactive scales” and found that “both comparisons were statistically significant with effect sizes of 1.78 and 1.42, respectively.” Both effect sizes were statistically significant at $p < .01$.

End Notes

ⁱ Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development and Psychopathology*, 23, pp. 195–210.

ⁱⁱ Dishion, T. J., Connell, A., Weaver, C., Shaw, D., Gardner, F., & Wilson, M. (2008). The family check-up with high-risk indigent families: Outcomes of positive parenting and problem behavior from ages 2 through 4 years. *Child Development*, 79(5), pp. 1395-1414.

ⁱⁱⁱ Gardner, F., Shaw, D. S., Dishion, T. J., Burton, J., & Supplee, L. (2007). Randomized prevention trial for early conduct problems: effects on proactive parenting and links to toddler disruptive behavior. *Journal of Family Psychology*, 21(3), pp. 398–406.

^{iv} Bagner, D. M., Rodriguez, G. M., Blake, C. A., & Rosa-Olivares, J. (2013). Home-based preventive parenting intervention for at-risk infants and their families: An open trial. *Cognitive and Behavioral Practice*, 20, pp. 334-348.

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