Improving Outcomes for Children Exposed to Violence

Safe Start Promising Approaches

Appendix E. El Paso, Texas: Intervention, Study, and Results

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Appendix E. El Paso, Texas: Intervention, Study, and Results

Introduction

The El Paso Safe Start program served the city of El Paso, Texas. According to the U.S. Census Bureau's 2014 American Community Survey (U.S. Census Bureau, 2016), El Paso had a population of 669,771 residents, 28 percent of whom were younger than age 18 and 8 percent of whom were younger than age 5. Approximately 15 percent of the population were white, 3 percent were black, 80 percent were Hispanic, and 2 percent were Native American, Asian, or other. The 2014 median household income was $47,075, and about 19 percent of the population were living at or below the poverty threshold. Of families with children under the age of 18, 26 percent were living at or below the poverty threshold. In 2014, the violent crime rate in El Paso was 234.4 per 100,000 residents, compared with the national average of 202.6 per 100,000 (City-Data.com).

To address the needs of families and children exposed to violence, Aliviane developed the Behavioral Health Clinic to provide services to children and adolescents exposed to violence. Since its inception, the clinic has provided services to children ages 0–18 who were 95 percent Hispanic, 54 percent male, and 75 percent living below the poverty threshold (Aliviane, 2010). Trauma experienced by clients of the Aliviane Behavioral Health Clinic included DV (70 percent), emotional abuse (66 percent), traumatic loss or bereavement (40 percent), physical abuse (32 percent), sexual abuse (22 percent), sexual assault and rape (10 percent), school violence (17 percent), community violence (16 percent), neglect (24 percent), and extreme interpersonal violence (7 percent). The most-frequent mental health symptoms of these exposures in children treated at Aliviane were depression (30 percent), general behavior problems (16 percent), anxiety (14 percent), PTSD (13 percent), traumatic or complicated grief (8 percent), acute stress disorder (6 percent), attachment problems (5 percent), and oppositional defiant disorder (4 percent). Prior to Safe Start, Aliviane provided individual therapeutic services to children and parents using Parent–Child Interaction Therapy and TF-CBT. For the Safe Start intervention, Aliviane adopted the use of DFF, a group-based family therapy adapted from SFP (Gottfredson et al., 2006; Kumpfer, Alvarado, et al., 2002), to reduce the impact that exposure to violence has on children and families.

The outcome evaluation reported here presents data relevant to the question of whether the El Paso Safe Start program, as implemented within this project, improves outcomes for CEV, compared with the case management provided to the comparison group.

El Paso Safe Start

- **Intervention components:** Cultural adaptation of SFP group therapy called DFF; case management
- **Intervention length:** 14 weeks for DFF; as needed for case management
- **Intervention setting:** Clinic
- **Target population:** CEV
- **Age range, in years:** 3–14
- **Primary referral sources:** Community-based programs and services

Intervention Summary

Referrals

Aliviane's Behavioral Health Clinic had an established pool of referral sources, including the judicial system, law enforcement, child protective services, schools, self-referrals, online advertisements, and community-based organizations, including advocacy and DV agencies, mental health organizations, and shelters. As shown in Table E.1, the El Paso Safe Start program received most of its referrals from these existing sources. Program staff also conducted outreach activities (e.g., advertising Safe Start at health fairs and to other community agencies) to increase referrals. As part of their outreach activities, the El Paso Safe Start staff implemented a rapport-building protocol that included a detailed explanation of the program, the intake process, incentives, and other relevant information. In addition, they conducted focus group with community members to identify and address any concerns about the program or study and to elicit feedback on recruitment and retention strategies. Referrals were sent to the clinic through a variety of methods, such as telephone calls, faxes, emails, and walk-ins. Once a referred potential participant contacted the program, an intake coordinator completed an intake form, which included an eligibility screening tool with questions pertaining to violence (e.g., symptoms, age exposed, type of violence, needs of patient) with a total scoring range of 0 to 36. Eligibility for the Safe Start program required a score of 9 to 25 on this screening tool. Those scoring higher than 25 on this form were referred for more-intensive services, such as individual therapy.

Table E.1. El Paso Safe Start Referral Sources

Referral Source	Number of Referrals	Percentage of Total (*n* = 486)
Child Protective Services, Family Court, Court Appointed Special Advocates	29	6
School	16	3
Other Aliviane programs	30	6
Family, friend, or self-referral	74	15
Outreach event (e.g., health fair)	11	2
Community-based program or service	223	46
Church or church-based program	15	3
Government program or agency (e.g., Medicaid, Job Corps)	88	18

Intervention Components

The El Paso Safe Start program consisted of a culturally adapted group therapy and case management intervention for CEV ages 3–14. The selected model, DFF, was delivered in Spanish by master's- or bachelor's-level mental health practitioners who were culturally similar to the families they were serving. DFF was delivered at Aliviane's office on a weekly basis for 14 weeks. These practitioners also provided monthly phone-based or in-person case management after the 14-week program.

Dando Fuerza a la Familia

The El Paso Safe Start program, DFF was an adapted version of SFP. SFP is a 14-week prevention program specific to high-risk families of children ages 3–16 (Kumpfer, Alvarado, et al., 2002). The SFP curriculum targeted children of substance-abusing parents and families with parents or caregivers who have substance abuse or relationship problems (Kumpfer, Pinyuchon, et al., 2008; Kumpfer, undated). The intervention taught parents about communication, stress management, and the effects that substance problems had on their families. Children received social skill training focusing on problem solving, emotional coping, and how to say "no." Although children also attended separate workshops that focused on life skills during the first hour of the session, both the parent and child participated in a joint session during the second hour that incorporated skill-building exercises and other activities (SFP, undated). This interactive component during the second hour allowed the parents and children to apply the skills they learned prior to this joint session.

DFF followed the same structure as the original SFP with specific changes that accounted for cultural differences in the target population, which was primarily with Mexican and Mexican-American families from the border regions of the United States. The principal adaptations made were the use of Mexican colloquial Spanish to reflect communication styles of Mexican and

Mexican-American families. In addition, cultural notes were added to each session to guide facilitators as they interacted with families with such backgrounds. For example, the sessions touched on issues and stressors unique to this population, including discrimination, acculturation, low-income neighborhoods, immigration concerns, and poor housing.

DFF was a 14-week program with two-hour weekly sessions for parents, children, and families. As with SFP, DFF included parent and child training. The intervention began with a parent training program that included information and skill development exercises on developmental expectancies, stress management, behavior modification, communication, problem solving, limit setting, and the impact that parent's substance problems had on their children. The children's social skill training program included information and practice on social skills, good behavior, how to say "no" to stay out of trouble, communication, alcohol and drugs, problem solving, accepting direction from their parents, and coping skills (recognizing feelings, dealing with criticism, coping with anger). The family skill training program integrated the training that parents and children received in their separate groups and offered opportunities to role-play and practice new skills with the assistance of the trainers. SFP that included parent, child, and family training has been shown to be effective in improving parents' ability to discipline their children, reducing the children's problem behaviors, and improving family relationships (Kumpfer, Alvarado, et al., 2002; Spoth, Redmond, and Shin, 2000).

The DFF groups were small, with no more than seven to eight families in each intervention group. For the child sessions, three to four developmentally appropriate intervention groups were implemented each week, for children ages 3–6, ages 7–10, and ages 11–14. The age ranges for each cycle were dependent on the child's developmental level, age, and whether the target child had siblings who would also be attending sessions. The mental health practitioners implemented the parent and child skill training groups simultaneously but separately for one hour. At the end of the separate skill training sessions, the practitioners, parents, and children came together for a family training session for the second hour. El Paso specified that attendance at 11 of 14 sessions constituted completion of the intervention.

Case Management

After families completed the DFF program, they received ongoing case management, including monthly follow-up calls or home visits from the mental health practitioners through completion of the 12-month follow-up assessment. Case management sessions included follow-up with families about their use of the skills learned in DFF and assistance with needs, such as food, clothing, shelter, or additional therapeutic services.

Design Overview

The design of this study was an RCT, with randomization occurring at the family level and eligible children recruited after families were referred to the program. The intervention group

received DFF for up to 14 weeks and case management and monthly follow-up calls for the remainder of the study. Families in the comparison group received case management and monthly phone calls for the duration of the study. For both groups, we assessed child outcomes and contextual information at baseline, six, and 12 months. Chapter Two summarizes and Appendix A fully describes the measures used in this study. The measures were uniform across the national evaluation but prioritized within each site as to the relevance to the intervention under study. Given the nature of the El Paso Safe Start intervention, the outcomes were prioritized as shown in Table E.2.

Table E.2. El Paso Prioritized Outcomes

Domain	Source or Measure	Child's Age, in Years	Respondent
Primary outcome measures			
Social and emotional competence	SSIS self-control	3–12	Caregiver
		13–14	Child
Secondary outcome measures			
Behavior and conduct problems	Child behavior problems (BPI Total Scores and BPI Externalizing subscale)	3–14	Caregiver
	Delinquency	11–14	Child
	Substance use	11–14	Child
	Gangs	11–14	Child
Social and emotional competence	SSIS cooperation	3–12	Caregiver
		13–14	Child
	SSIS assertion	3–12	Caregiver
		13–14	Child
	BERS-2 Affective Strength subscale	6–12	Caregiver
		11–14	Child
School behavior and attitudes	BERS-2 School Functioning subscale	6–12	Caregiver
		11–14	Child
	Self-reported grades	13–14	Child
Violence exposure	JVQ child victimization experiences (total, child maltreatment, child assault, child sexual abuse, and child witnessing violence)	3–11	Caregiver
		10–14	Child
	Caregiver victimization (total, DV, and non-DV)	3–14	Caregiver
Tertiary outcome measures			
Background and contextual	Attitudinal Barriers to Care	3–14	Caregiver
	ESI total stressors, resource problems, and personal problems	3–14	Caregiver
Child PTSD symptoms	TSCYC PTSD scale	3–10	Caregiver
	CPSS total PTSD symptoms, reexperiencing symptoms, avoidance symptoms, and arousal symptoms	8–14	Child
Child depression	BPI Internalizing subscale	3–14	Caregiver
	RADS	13–14	Child
Family functioning	FES Conflict scale	3–14	Caregiver
		11–14	Child
	BERS-2 Family Involvement subscale	6–12	Caregiver
		11–14	Child
	APQ positive involvement, negative or ineffective discipline, and deficient monitoring	6–14	Caregiver
	APQ parental involvement, positive parenting, poor monitoring and supervision, inconsistent discipline, and corporal punishment	8–14	Child
Caregiver mental health	PHQ-8 depression scale	3–14	Caregiver
	PC-PTSD	3–14	Caregiver

Study enrollment took place between January 2012 and August 2014. Study enrollment ended after 32 months because Aliviane experienced some significant budget challenges. El Paso continued to collect follow-up data for 12 months after study enrollment ended.

Analysis Plan and Power Calculations

We conducted descriptive analyses to summarize the sample baseline characteristics: age, gender, race or ethnicity, family income level, child's violence exposure, and the outcome variables. The randomized controlled design makes it unlikely that there were differences between intervention and comparison groups, but we tested for differences in child and caregiver characteristics between intervention and comparison group children using *t*-tests and chi-squared tests to ensure that this was the case. We also examined whether those families who were lost to follow-up differed in any systematic way from those who were retained, using *t*-tests and chi-squared tests.

To assess the effect of the Safe Start intervention, we examined differences between children in the intervention and comparison groups at six and 12 months postbaseline. It is important to consider the power this study has for such an analysis. One way to describe power is by using the effect size difference between the two groups being compared. The effect size is a standardized measure of the strength of association between an intervention and an outcome and is defined as the average difference in an outcome between the intervention and comparison groups divided by the common SE. The effect size measure is commonly classified as small if it is about 0.2, medium if it is about 0.5, and large if it is about 0.8 (Jacob Cohen, 1988).

The DFF model had not been studied previously, with no prior estimates of its intervention effect. However, SFP, on which DFF was based, has demonstrated medium-sized effects on similar outcomes in previous RCTs (e.g., Kumpfer, Alvarado, et al., 2002) so we expected medium effect sizes here. Table E.3 shows the enrollment by group, comparing the actual enrollment with the target enrollment needed for power, assuming an 80-percent retention rate. With total enrollment of 486, El Paso enrolled 194 percent of the sample size required to detect a medium intervention effect. El Paso's overall six-month retention rate of 90 percent for caregivers in the intervention group and 91 percent for the comparison group meant that it retained a total of 439 families in the study, representing 220 percent of the retained sample required to have an 80-percent chance of detecting a medium intervention effect. At 12 months, El Paso's 93-percent retention rate in the intervention group and 89 percent for the comparison group meant that it retained 443 families, representing 222 percent of the retained sample required to detect a medium effect. With those retention rates, the power analysis indicated that we can expect a 100-percent chance at both six and 12 months to detect a medium effect. Given the sample sizes here, there was sufficient power to detect a slightly larger than small intervention effect of size 0.27 at six months and at 12 months, according to Cohen's 1988 effect size classification.

Table E.3. El Paso Required Versus Actual Enrollment for a Medium Effect Size

Requirement	Intervention Group	Comparison Group	Total
Enrolled sample needed for power	125	125	250
Total enrollment	242	244	486
Percentage of needed enrollment	194	195	194
Retained sample needed for power	100	100	200
Retained sample, six months	217	222	439
Percentage of needed retention, six months	217	222	220
Retained sample, 12 months	225	218	443
Percentage of needed retention, 12 months	225	218	222

Several factors other than overall sample size dampened statistical power. The range of children's ages meant that the full data were not available for some measures because not all children were in the age range eligible to complete that measure. Further, the corrections for the multiple statistical tests being conducted also reduced power.

We examined differences between the intervention and comparison groups using an intent-to-treat approach, which includes in analyses all assigned to the intervention group, regardless of the amount of services received. As discussed in Chapter Two, comparisons between a comparison group and only those who complete services (or receive a predetermined amount of services) are likely to provide biased results given that those who do not engage in services or drop out prior to completion might differ systematically from those who remain. Ideally, analyses would take into account the type and amount of services received to account for dosage variability. We explore this issue of dose of intervention as described below.

To examine differences between the intervention and comparison groups using the intent-to-treat approach described above, we present baseline and follow-up estimates of primary, secondary, and tertiary outcomes for both groups when the sample size is greater than or equal to five. We compare groups via chi-squared or *t*-tests at each time point, compare means within groups across time, and examine difference in differences in comparing the two groups on changes over time between baseline and the six-month and 12-month assessments (when the sample size is at least ten per group). At the six-month follow-up, we conducted multiple linear regressions on the continuous outcomes and linear probability regressions on the dichotomous outcomes to test for the difference in differences via main effects and the interaction between intervention status and time after controlling for baseline characteristics (child age, child gender, child race and ethnicity, and child's exposure to violence). We selected these baseline characteristics to correct for any potential imbalance in the groups by relevant demographic characteristics. We present the adjusted models when the sample size is more than 20 per group. At the 12-month follow-up, we conducted multiple linear regressions on the continuous outcomes and linear probability regressions on the dichotomous outcomes to test for the

difference in differences via main effects and the interaction between intervention status and time after controlling for those same baseline characteristics, as well as six-month violence exposure.

To examine outcomes related to the as-treated sample, those families who took part in the intervention services offered, we examined the outcome means for families who took part in the intervention services offered, broken down into groups that received a low dose of the intervention (zero to four sessions), a medium dose (five to 13 sessions), and a high dose (14 or more sessions) at six months and again at 12 months. Because children with more need are likely to receive more services, we would expect this selection scheme to possibly present an unforeseeable bias, with families more in need receiving more services. To account for this selection bias related to service dosage, we used the propensity score matching method to pair families in each dosage group with families with similar needs in the comparison group. The matching paired families based on similar baseline scores on the outcome measure of interest. The analyses then examined the difference in differences between the intervention and comparison groups for each dosage group at follow-up. Note that, in this analysis, the full comparison group is used in the matching of each of the dosage levels. We examine only primary outcomes with this method, in recognition that it is exploratory and preliminary. Further, the power for the dosage analyses is reduced because of the smallness of the samples for the different dosage groups.

When conducting large numbers of simultaneous hypothesis tests, as we did in this study, it is important to account for the possibility that some results will achieve statistical significance simply by chance. The use of a traditional 95-percent confidence interval, for example, will result in one out of 20 comparisons achieving statistical significance as a result of random error. We therefore adjusted for false positives using the FDR method (Benjamini and Hochberg, 1995). We based our assessments of statistical significance on applying the FDR procedure separately to the primary, secondary, and tertiary outcome tests in this report (as reported in Tables E.10 and E.11) using an FDR of 0.05. In the discussion of results, we have also identified significant trends in the data, defined as those tests with *p*-values of less than 0.05 without adjusting for multiple significance tests. Although these results might suggest a practical difference that would be statistically significant with a larger sample, they must be interpreted with caution because we cannot rule out that the difference was due to chance because of the multiple significance tests being conducted.

Study Results

Enrollment and Retention

The El Paso Safe Start program employed culturally competent staff to deliver culturally adapted services, and most staff remained with the project for its duration. Perhaps because of its

staffing and treatment model, El Paso enrolled a total of 486 families in the study, with 242 in the intervention group and 244 in the comparison group. In Table E.4, we present the number and percentage of all enrollees who were eligible for participation at each data collection time point. As shown, 90 percent of the intervention group and 91 percent of the comparison group were retained for the six-month caregiver assessment. Retention for the caregiver assessment at 12 months was 93 percent for the intervention group and 89 percent for the comparison group.

Table E.4. Retention of Enrollees Eligible to Participate in Assessments at Each Time Point

	Caregiver Assessment		Child Assessment	
Enrollees	**Six Months**	**12 Months**	**Six Months**	**12 Months**
Intervention				
Received	217	225	127	127
Expected	242	242	136	136
Retention rate, as a percentage	90	93	93	93
Comparison				
Received	222	218	116	113
Expected	244	244	132	132
Retention rate, as a percentage	91	89	88	86

Baseline Descriptive Statistics

For the descriptive statistics, we provide the characteristics for the full sample enrolled at baseline. As shown in Table E.5, children who participated were, on average, 8.4 years old (range 3–15), with a majority being male (57 percent). The racial and ethnic background of families was 99 percent Hispanic. Families reported a range of family incomes, with only 8 percent reporting incomes above $30,000. Families reported an average exposure for the child to approximately one type of violence in the past six months. We observed no statistically significant differences between the intervention and comparison groups at baseline.

Table E.5. El Paso Safe Start Baseline Sample Characteristics

Characteristic	Combined		Intervention		Comparison		Test for Comparison *p*-Value
	N	Mean (SD)	*N*	Mean (SD)	*N*	Mean (SD)	
Child							
Age	486	8.4 (3.3)	242	8.3 (3.4)	244	8.4 (3.3)	0.96
CR of violence exposure	387	1.4 (1.6)	192	1.4 (1.7)	195	1.5 (1.6)	0.54
SR of violence exposure	169	1.8 (1.8)	80	1.8 (1.9)	89	1.8 (1.8)	0.81
		Percentage		**Percentage**		**Percentage**	
Child							
Gender							0.28
Male	275	57	131	54	144	59	
Female	211	43	111	46	100	41	
Race and ethnicity							—
Hispanic	480	99	238	98	242	99	
White	4	1	2	1	2	1	
Black	1	<1	1	<1	0	0	
Other	1	<1	1	<1	0	0	
Caregiver							
Family income level							0.31
Less than $10,000	235	48	117	48	118	49	
$10,001–20,000	146	30	80	33	66	27	
$20,001–30,000	66	14	30	12	36	15	
More than $30,000	38	8	15	6	23	9	
Relationship to child							0.64
Parent or guardian	480	99	238	99	242	99	
Other relationship	5	1	3	1	2	1	

NOTE: — = Cell is too small to show. Because of missing data, some numbers might not sum as shown.

In the sample of families who were retained in the study at six and 12 months, these characteristics were similar to those shown in Table E.5 except that, on average, children had been exposed to fewer than one type of violence since the last assessment (data not shown). There were no statistically significant differences between those who were lost to follow-up and those who were retained (data not shown).

We also examined the El Paso sample at baseline on three outcomes (PTSD symptoms, child depressive symptoms, and caregiver depressive symptoms) to describe the level of severity on these indexes among families entering the study (Table E.6). At baseline, just over one-third of caregivers (34 percent) reported symptoms of PTSD in the significant range for their children

(27 percent for boys and 44 percent for girls), and 36 percent of children ages 8–14 reported high levels of PTSD symptoms. Also at baseline, 22 percent of children ages 13–14 self-reported depressive symptoms in the moderate to severe clinical range. Fourteen percent of caregivers reported their own depressive symptoms in the moderately severe or severe range.

Table E.6. Baseline Assessment Estimates for El Paso Families

	Combined		Boys		Girls	
Assessment	***N***	**Percentage**	***N***	**Percentage**	***N***	**Percentage**
CR of child PTSD symptoms (ages 3–10)						
Normal	195	56	127	63	68	47
Borderline	35	10	21	10	14	10
Significant	118	34	54	27	64	44
SR of child PTSD symptoms (ages 8–14)						
Low	170	64	101	71	69	57
High	94	36	41	29	53	43
SR of child depression (ages 13–14)						
Normal range	28	45	16	52	12	39
Mild clinical range	20	32	11	35	9	29
Moderate clinical range	12	19	4	13	8	26
Severe clinical range	2	3	0	0	2	6
Caregiver depression						
None or minimal	181	37	105	38	76	36
Mild	157	32	92	33	65	31
Moderate	77	16	39	14	38	18
Moderately severe	41	8	20	7	21	10
Severe	30	6	19	7	11	5

Finally, we examined differences between the intervention and comparison groups at baseline for El Paso's primary, secondary, and tertiary outcomes (see Table E.14). For the primary outcome, child self-control, there was not a statistically significant difference between the intervention and comparison groups at baseline. El Paso's secondary outcomes were measures of the child's behavior and conduct problems, cooperation, assertion, affective strengths, school functioning, and violence exposure and the caregiver's victimization. As can be seen in Table E.14, there were no significant differences between the two groups at baseline on any of the secondary outcomes. El Paso's tertiary outcomes included measures of attitudinal barriers to care, child PTSD symptoms, child depression, family functioning, caregiver stressors, and caregiver mental health. We observed no significant differences between groups at baseline (see Table E.14). Thus, this examination of the intervention and comparison groups at baseline

found no differences on any of the outcome measures, indicating that the randomization resulted in balanced groups.

Table E.14 summarizes cross-sectional differences between the intervention and comparison groups at the six- and 12-month follow-up time points for El Paso's primary, secondary, and tertiary outcomes. At six and 12 months, there were no significant differences between groups on the primary outcome variable, child self-control. There were also no significant differences between groups in secondary or tertiary outcomes at six and 12 months.

Uptake, Dosage, and Process of Care

The program recorded family-level service data on the follow-up service survey and submitted the data at six and 12 months after the baseline assessment. Table E.7 shows the type and amount of services received for all families who were initially enrolled in the intervention group, regardless of whether they continued to participate in the ongoing research assessment. The data displayed in Table E.7 include services received by summing all time points that the program reported, which was 12 months for most participants in El Paso Safe Start.

Table E.7. Services That El Paso Safe Start Intervention Families Received

	With Service		Number of Sessions		
Service	***N***	**Percentage**	**Range**	**Mean**	**Median**
Baseline sample (*n* = 242)					
Family group therapy sessions	200	83	0–14	8.7	14
Case management	241	99	0–24	11.2	11
Six-month analysis sample (*n* = 217)					
Family group therapy sessions	182	84	0–14	9.1	14
Case management	217	100	2–24	11.7	12
12-month analysis sample (*n* = 225)					
Family group therapy sessions	188	84	0–14	9.0	14
Case management	225	100	2–24	11.6	12

El Paso Safe Start families received a mix of group and individualized services (i.e., case management). As shown in the top portion of Table E.7, 83 percent of the 242 enrolled intervention families received DFF group therapy sessions (average of 8.7 sessions), and 99 percent received case management (average of 11.2 contacts). Among only the families who received the services, the averages were 10.6 for DFF group sessions and 11.3 for case management contacts. The middle portion of Table E.7 shows the services received during the six months between baseline and the six-month assessment by the subgroup of intervention group families who participated in the six-month follow-up research assessment. These are the 217 families included in the intervention group in the six-month outcome analysis sample for the

El Paso program. As shown in Tables E.7 and E.8, 84 percent of these families received DFF group therapy sessions (average of 9.1 sessions), and 100 percent received case management (average of 11.7 contacts). Among only the families who received the services, the averages were 10.9 for DFF group sessions and 11.7 for case management contacts. The bottom portion of Table E.7 shows the services received between baseline and the 12-month assessment by the subgroup of intervention group families who participated in the 12-month follow-up research assessment. These are the 225 families included in the intervention group in the 12-month outcome analysis sample for the El Paso program. As shown in Table E.7, 84 percent of these families received DFF group therapy sessions (average of 9.0 sessions), and 100 percent received case management (average of 11.6 contacts). Among only the families who received the services, the averages were 10.8 for DFF group sessions and 11.6 for case management contacts.

Table E.8. Services That El Paso Safe Start Comparison Families Received

	With Service		Number of Sessions		
Service	***N***	**Percentage**	**Range**	**Mean**	**Median**
Baseline sample (*n* = 244)					
Case management	244	100	1–24	11.6	11
Six-month analysis sample (*n* = 222)					
Case management	222	100	2–24	12.0	12
12-month analysis sample (*n* = 218)					
Case management	218	100	3–24	12.1	12

Table E.8 shows the same data for families in the comparison group. One-hundred percent of the baseline sample (*n* = 244) received case management (average of 11.6 contacts). For the six-month sample (*n* = 222), 100 percent received case management (average of 12.0 contacts). Within the 12-month sample (*n* = 218), 100 percent received case management (average of 12.1 contacts).

On the caregiver survey, we asked caregivers in the intervention group about their satisfaction with Safe Start services (Table E.9). Results show that the caregivers who took part in the enhanced SFP intervention reported high satisfaction on every item (close to very satisfied or the highest relevant rating on each item).

Table E.9. Satisfaction with Services That El Paso Safe Start Intervention Families Received

	Six Months			12 Months		
Satisfaction	***N***	**Mean**	**SD**	***N***	**Mean**	**SD**
Rate quality of service	212	3.77	0.47	225	3.79	0.43
Got the kind of service wanted	212	3.74	0.53	225	3.85	0.35
Program met needs	212	3.63	0.59	225	3.75	0.51
Would recommend to a friend	212	3.94	0.33	225	3.96	0.21
Satisfied with help received	212	3.56	0.83	225	3.69	0.73
Helped deal more effectively with problems	212	3.78	0.43	225	3.83	0.38
Satisfied with service	212	3.75	0.56	225	3.78	0.59
Would come back to program	212	3.94	0.23	225	3.95	0.22

Key Outcome Findings

We begin by analyzing changes in mean scores over time both within the intervention and comparison groups and between the groups. For these analyses, we used an intent-to-treat approach that included all families allocated to the intervention, regardless of the level of service they received. The first set of columns of numbers in Table E.10 describes differences within groups between the baseline and the six-month assessment, with paired *t*-tests comparing each person's score at each follow-up wave with his or her own score at the baseline assessment and adjusting for multiple testing. For both groups, we observed a statistically significant improvement in scores within groups on the primary outcome variable of CR of child self-control, but, by SR of self-control, only the intervention group showed significant improvement. For the 27 secondary outcomes, we observed significant improvement in both groups after adjusting for multiple comparisons for CR of child behavior problems, externalizing problems, cooperation, affective strengths, school functioning, total victimization experiences, child maltreatment, assault, and witnessing violence and caregiver total traumatic experiences, experience of DV, and non-DV trauma. Both groups also improved on SR of school functioning, victimization experiences, and witnessing violence. We observed some significant differences in secondary outcomes in the intervention but not comparison group after adjusting for multiple comparisons. These include improvements in child self-reported delinquency, CR of child assertion, and SR of maltreatment and assault. Among El Paso's 23 tertiary outcomes, we observed significant improvements in both groups for CR of total stressors, resource problems, personal problems, child PTSD symptoms, child internalizing problems, family conflict, family involvement, negative or ineffective discipline, caregiver depression, and caregiver PTSD. The intervention group but not comparison group improved on SR of PTSD symptoms, family conflict, poor monitoring and supervision, inconsistent discipline, and corporal punishment.

Table E.10. Changes in Means for Outcome Variables Between Baseline and Six-Month Assessment and Group-Level Comparison of Mean Changes

Outcome		Within-Family Mean Change[a]				Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
		N	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
Primary											
CR of child self-control (ages 3–12)	Intervention	187	2.07	0.38	<0.01[d]*	–0.02	0.70	0.98	0.11	0.68	0.87
	Comparison	196	2.09	0.40	<0.01[d]*						
SR of child self-control (ages 13–14)	Intervention	30	3.00	0.96	<0.01[d]*	1.87	1.71	0.28	1.92	1.58	0.23
	Comparison	23	1.13	0.96	0.25						
Secondary											
CR of child behavior problems (ages 3–14)	Intervention	217	–4.29	0.49	<0.01[d]*	–0.47	0.90	0.60	–0.47	0.85	0.58
	Comparison	222	–3.82	0.43	<0.01[d]*						
CR of child externalizing behavior problems (ages 3–14)	Intervention	217	–2.41	0.31	<0.01[d]*	–0.05	0.59	0.93	–0.03	0.56	0.96
	Comparison	222	–2.35	0.27	<0.01[d]*						
SR of child delinquency (ages 11–14)	Intervention	62	–0.26	0.08	<0.01[d]*	–0.04	0.12	0.71	–0.04	0.11	0.69
	Comparison	56	–0.21	0.08	0.01[d]						
SR of child drug use (ages 11–14)	Intervention	62	–0.05	0.04	0.26	0.01	0.08	0.95	0.01	0.07	0.94
	Comparison	56	–0.05	0.05	0.26						
SR of child gang involvement (ages 11–14)	Intervention	62	0.02	0.04	0.66	0.00	0.05	0.97	0.00	0.05	0.97
	Comparison	56	0.02	0.03	0.57						
CR of child cooperation (ages 3–12)	Intervention	187	2.28	0.32	<0.01[d]*	0.53	0.59	0.36	0.47	0.57	0.41
	Comparison	196	1.75	0.29	<0.01[d]*						
SR of child cooperation (ages 13–14)	Intervention	29	1.17	0.91	0.21	–0.87	1.81	0.63	–0.75	1.62	0.65
	Comparison	23	2.04	1.14	0.09						
CR of child assertion (ages 3–12)	Intervention	187	1.20	0.28	<0.01[d]*	0.48	0.54	0.37	0.46	0.53	0.39
	Comparison	196	0.72	0.29	0.01[d]						
SR of child assertion (ages 13–14)	Intervention	30	2.47	1.18	0.05[d]	0.81	1.96	0.68	0.86	1.81	0.63
	Comparison	23	1.65	1.02	0.12						
CR of child affective strengths (ages 6–12)	Intervention	129	1.22	0.33	<0.01[d]*	–0.18	0.61	0.77	–0.11	0.60	0.86
	Comparison	132	1.39	0.30	<0.01[d]*						

Outcome		N	Within-Family Mean Change[a] Estimate	SE	p-Value	Group-Level Comparison of Mean Changes: Unadjusted Model[b] Estimate	SE	p-Value	Adjusted Model[c] Estimate	SE	p-Value
SR of child affective strengths (ages 11–14)	Intervention	62	1.66	0.71	0.02[d]	0.61	1.09	0.58	0.61	1.07	0.57
	Comparison	56	1.05	0.56	0.07						
CR of child school functioning (ages 6–12)	Intervention	128	2.41	0.42	<0.01[d]*	0.82	0.91	0.37	0.89	0.84	0.29
	Comparison	130	1.59	0.45	<0.01[d]*						
SR of child school functioning (ages 11–14)	Intervention	60	3.27	0.74	<0.01[d]*	0.99	1.39	0.47	1.00	1.32	0.45
	Comparison	55	2.27	0.65	<0.01[d]*						
SR of child grades (ages 13–14)	Intervention	30	–0.23	0.32	0.47	0.16	0.49	0.75	0.12	0.44	0.78
	Comparison	23	–0.39	0.24	0.12						
CR of total child victimization experiences (ages 3–11)	Intervention	168	–0.80	0.13	<0.01[d]*	0.02	0.20	0.93	0.02	0.21	0.92
	Comparison	178	–0.81	0.13	<0.01[d]*						
CR of child maltreatment (ages 3–11)	Intervention	168	–0.23	0.06	<0.01[d]*	–0.05	0.08	0.50	–0.05	0.08	0.51
	Comparison	178	–0.17	0.04	<0.01[d]*						
CR of child assault (ages 3–11)	Intervention	168	–0.23	0.05	<0.01[d]*	0.03	0.08	0.70	0.03	0.08	0.68
	Comparison	178	–0.26	0.06	<0.01[d]*						
CR of child sexual abuse (ages 3–11)	Intervention	168	0.01	0.01	0.57	0.01	0.02	0.75	0.01	0.02	0.75
	Comparison	178	0.00	0.02	1.00						
CR of child witnessing violence (ages 3–11)	Intervention	168	–0.27	0.06	<0.01[d]*	–0.01	0.09	0.92	–0.01	0.09	0.93
	Comparison	178	–0.26	0.06	<0.01[d]*						
SR of total child victimization experiences (ages 10–14)	Intervention	73	–1.05	0.21	<0.01[d]*	–0.05	0.35	0.88	–0.05	0.35	0.87
	Comparison	78	–1.00	0.20	<0.01[d]*						
SR of child maltreatment (ages 10–14)	Intervention	73	–0.27	0.09	<0.01[d]*	–0.11	0.12	0.37	–0.11	0.12	0.37
	Comparison	78	–0.17	0.06	0.01[d]						
SR of child assault (ages 10–14)	Intervention	73	–0.29	0.10	<0.01[d]*	–0.12	0.13	0.36	–0.12	0.13	0.35
	Comparison	78	–0.17	0.07	0.02[d]						
SR of child sexual abuse (ages 10–14)	Intervention	73	–0.03	0.02	0.16	–0.04	0.03	0.24	–0.04	0.03	0.24
	Comparison	78	0.01	0.03	0.66						

Outcome		Within-Family Mean Change[a]				Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
		N	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
SR of child witnessing violence (ages 10–14)	Intervention	73	–0.40	0.11	<0.01[d]*	0.19	0.20	0.33	0.19	0.19	0.31
	Comparison	78	–0.59	0.12	<0.01[d]*						
CR of caregiver total number of traumatic experiences	Intervention	217	–0.24	0.06	<0.01[d]*	–0.01	0.10	0.92	0.00	0.10	0.99
	Comparison	222	–0.23	0.07	<0.01[d]*						
CR of caregiver experience of any non-DV trauma	Intervention	217	–0.06	0.02	<0.01[d]*	0.01	0.03	0.80	0.01	0.03	0.75
	Comparison	222	–0.07	0.02	<0.01[d]*						
CR of caregiver experience of any DV	Intervention	217	–0.09	0.02	<0.01[d]*	–0.02	0.04	0.58	–0.02	0.04	0.61
	Comparison	222	–0.07	0.02	<0.01[d]*						
Tertiary											
CR of attitudinal barriers to care	Intervention	217	–0.04	0.09	0.67	–0.09	0.13	0.49	–0.14	0.13	0.27
	Comparison	222	0.05	0.09	0.54						
CR of caregiver total stressors	Intervention	217	–4.14	0.82	<0.01[d]*	–0.28	1.50	0.85	–0.23	1.45	0.87
	Comparison	222	–3.86	0.85	<0.01[d]*						
CR of caregiver resource problems	Intervention	217	–1.05	0.33	<0.01[d]*	0.08	0.63	0.89	0.12	0.60	0.85
	Comparison	222	–1.13	0.35	<0.01[d]*						
CR of caregiver personal problems	Intervention	217	–3.09	0.58	<0.01[d]*	–0.37	1.02	0.72	–0.35	0.99	0.73
	Comparison	222	–2.73	0.58	<0.01[d]*						
CR of child PTSD symptoms (ages 3–10)	Intervention	154	–6.31	0.94	<0.01[d]*	–1.80	2.02	0.37	–1.80	1.81	0.32
	Comparison	158	–4.51	0.90	<0.01[d]*						
SR of child PTSD symptoms (ages 8–14)	Intervention	126	–5.19	0.88	<0.01[d]*	–3.62	1.45	0.01[d]	–3.63	1.38	0.01[d]
	Comparison	115	–1.57	0.86	0.07						
SR of child depressive symptoms (ages 13–14)	Intervention	30	–1.47	1.51	0.34	1.71	2.47	0.49	1.79	2.40	0.46
	Comparison	23	–3.17	1.65	0.07						
CR of child internalizing behavior problems (ages 3–14)	Intervention	217	–1.88	0.22	<0.01[d]*	–0.42	0.40	0.30	–0.44	0.38	0.24
	Comparison	222	–1.46	0.21	<0.01[d]*						
CR of family conflict (ages 3–14)	Intervention	217	–1.07	0.15	<0.01[d]*	–0.19	0.26	0.46	–0.17	0.26	0.50
	Comparison	222	–0.88	0.14	<0.01[d]*						

Outcome		N	Within-Family Mean Change[a] Estimate	SE	p-Value	Group-Level Comparison of Mean Changes: Unadjusted Model[b] Estimate	SE	p-Value	Adjusted Model[c] Estimate	SE	p-Value
SR of family conflict (ages 11–14)	Intervention	62	–0.82	0.28	<0.01[d]*	–0.02	0.47	0.97	–0.02	0.45	0.97
	Comparison	56	–0.80	0.28	0.01[d]						
CR of family involvement (ages 6–12)	Intervention	129	2.43	0.45	<0.01[d]*	–0.01	0.86	0.99	–0.05	0.84	0.95
	Comparison	132	2.44	0.42	<0.01[d]*						
SR of family involvement (ages 11–14)	Intervention	62	1.92	0.83	0.02[d]	0.12	1.31	0.93	0.12	1.29	0.93
	Comparison	56	1.80	0.68	0.01[d]						
CR of positive involvement (ages 6–14)	Intervention	158	0.54	0.77	0.48	1.53	1.54	0.32	1.51	1.51	0.32
	Comparison	157	–0.99	0.72	0.17						
CR of negative or ineffective discipline (ages 6–14)	Intervention	159	–3.58	0.47	<0.01[d]*	–1.63	0.90	0.07	–1.55	0.90	0.08
	Comparison	158	–1.96	0.52	<0.01[d]*						
CR of deficient monitoring (ages 6–14)	Intervention	159	–0.60	0.27	0.03[d]	–0.50	0.51	0.33	–0.48	0.49	0.32
	Comparison	158	–0.10	0.31	0.74						
SR of mother involvement (ages 11–14)	Intervention	124	1.27	0.78	0.11	0.30	1.34	0.82	0.29	1.32	0.83
	Comparison	113	0.97	0.73	0.18						
SR of father involvement (ages 11–14)	Intervention	126	–0.55	0.74	0.46	–0.90	1.89	0.63	–0.91	1.78	0.61
	Comparison	115	0.36	0.77	0.64						
SR of positive parenting (ages 11–14)	Intervention	126	1.18	0.51	0.02[d]	2.08	0.89	0.02[d]	2.07	0.88	0.02[d]
	Comparison	115	–0.90	0.45	0.05[d]						
SR of poor monitoring and supervision (ages 11–14)	Intervention	126	–1.67	0.46	<0.01[d]*	–0.43	0.85	0.61	–0.42	0.80	0.60
	Comparison	115	–1.24	0.47	0.01[d]						
SR of inconsistent discipline (ages 11–14)	Intervention	126	–1.48	0.45	<0.01[d]*	–1.41	0.75	0.06	–1.40	0.75	0.06
	Comparison	115	–0.08	0.46	0.87						
SR of corporal punishment (ages 11–14)	Intervention	126	–0.98	0.22	<0.01[d]*	–0.79	0.40	0.05[d]	–0.79	0.40	0.05[d]
	Comparison	115	–0.19	0.26	0.46						
CR of caregiver depression	Intervention	217	–3.30	0.43	<0.01[d]*	–0.78	0.78	0.32	–0.67	0.75	0.37
	Comparison	222	–2.53	0.42	<0.01[d]*						

Outcome			Within-Family Mean Change[a]			Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
		N	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
CR of caregiver PTSD	Intervention	217	–0.46	0.11	<0.01[d]*	0.10	0.18	0.58	0.10	0.18	0.59
	Comparison	222	–0.56	0.10	<0.01[d]*						

NOTE: * = the significant difference over time remains after adjustment for multiple comparisons. Mean change estimates are not shown when the group size is fewer than ten, and comparisons are not shown when the group size is fewer than ten for either group. Adjusted model results are not shown when the group size is fewer than 20 for either group.

[a] Within-family mean changes between the baseline and six-month scores for each group separately.

[b] Group-level comparison of within-family mean changes from baseline to six months.

[c] Estimate of the difference between the two groups' within-family mean changes from baseline to six months, controlling for child age, gender, race and ethnicity, and violence exposure (baseline exposure plus exposure between baseline and six months).

[d] A significant paired *t*-test of differences over time ($p < 0.05$). In cells containing *0.05*, we have rounded the value to 0.05, but it is still less than 0.05.

Table E.10 also shows intervention effects over time using an intent-to-treat approach in which all families in the intervention are compared with all those in the comparison group, regardless of the actual amount of intervention received in the intervention group. Because any change in outcomes observed can potentially be the result of a time trend observed in all children in the study, we used a difference-in-differences method to assess the unadjusted impact of the program. For El Paso's primary outcome of child self-control, the difference-in-differences models presented in the second set of data columns revealed no significant differences between the intervention and comparison groups, nor did the adjusted models (third column of numbers in Table E.10). There were also no significant differences in the unadjusted or adjusted models for El Paso's secondary or tertiary outcomes. The results in Table E.10 can also be discussed in terms of effect sizes for El Paso's primary outcome. Within-group change in the CR of child self-control scale was medium in size for the DFF intervention (0.40 [0.20 – 0.61]). However, the adjusted between-group effect size was near 0 (0.01 [–0.11 – 0.13]), indicating again that the two groups did not differ much in terms of their improvement.

Table E.11 presents changes in outcomes from baseline to 12 months for each group, as well as group comparisons in the 12-month outcomes. As can be seen in the first set of columns, improvements in child self-control (El Paso's primary outcome) were significant for both groups by CR and for the intervention group by SR. The difference-in-differences models (unadjusted and adjusted) showed no evidence of intervention effects on SR of self-control, but there was a borderline significant ($p = 0.05$) intervention effect on CR of self-control in the adjusted model, in which youths in the intervention group showed greater increases than the comparison group did.

Table E.11. Changes in Means for Outcome Variables Between Baseline and 12-Month Assessment and Group-Level Comparison of Mean Changes

Outcome		Within-Family Mean Change[a]				Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
		N	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
Primary											
CR of child self-control (ages 3–12)	Intervention	173	4.02	0.38	<0.01[d]*	1.27	0.69	0.07	1.34	0.67	0.05[d]
	Comparison	173	2.76	0.40	<0.01[d]*						
SR of child self-control (ages 13–14)	Intervention	30	3.30	1.11	0.01[d]*	1.97	1.72	0.26	1.99	1.64	0.23
	Comparison	24	1.33	1.04	0.21						
Secondary											
CR of child behavior problems (ages 3–14)	Intervention	225	–4.97	0.48	<0.01[d]*	–1.03	0.87	0.24	–0.98	0.83	0.24
	Comparison	218	–3.94	0.46	<0.01[d]*						
CR of child externalizing behavior problems (ages 3–14)	Intervention	225	–2.88	0.30	<0.01[d]*	–0.51	0.57	0.37	–0.46	0.55	0.40
	Comparison	218	–2.37	0.29	<0.01[d]*						
SR of child delinquency (ages 11–14)	Intervention	66	–0.20	0.07	<0.01[d]*	0.05	0.12	0.65	0.05	0.11	0.64
	Comparison	56	–0.25	0.08	<0.01[d]*						
SR of child drug use (ages 11–14)	Intervention	66	0.02	0.05	0.77	0.05	0.08	0.55	0.05	0.08	0.51
	Comparison	56	–0.04	0.05	0.48						
SR of child gang involvement (ages 11–14)	Intervention	66	0.02	0.03	0.57	0.05	0.04	0.25	0.05	0.04	0.25
	Comparison	56	–0.04	0.04	0.32						
CR of child cooperation (ages 3–12)	Intervention	173	2.98	0.33	<0.01[d]*	0.72	0.58	0.22	0.77	0.58	0.18
	Comparison	173	2.26	0.33	<0.01[d]*						
SR of child cooperation (ages 13–14)	Intervention	28	1.39	0.90	0.13	–0.94	1.78	0.60	–0.85	1.62	0.60
	Comparison	24	2.33	1.15	0.05						
CR of child assertion (ages 3–12)	Intervention	173	1.82	0.31	<0.01[d]*	0.54	0.52	0.30	0.57	0.52	0.27
	Comparison	173	1.27	0.28	<0.01[d]*						
SR of child assertion (ages 13–14)	Intervention	30	2.13	1.01	0.04[d]	0.22	1.89	0.91	0.25	1.80	0.89
	Comparison	24	1.92	0.98	0.06						
CR of child affective strengths (ages 6–12)	Intervention	109	1.04	0.44	0.02[d]	–0.89	0.65	0.17	–0.93	0.65	0.15
	Comparison	107	1.93	0.37	<0.01[d]*						

Outcome		Within-Family Mean Change[a]				Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
		N	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
SR of child affective strengths (ages 11–14)	Intervention	66	1.08	0.63	0.09	–0.73	0.99	0.46	–0.65	0.98	0.51
	Comparison	56	1.80	0.49	<0.01[d]*						
CR of child school functioning (ages 6–12)	Intervention	103	2.59	0.58	<0.01[d]*	0.27	0.98	0.79	0.38	0.93	0.68
	Comparison	101	2.33	0.51	<0.01[d]*						
SR of child school functioning (ages 11–14)	Intervention	58	1.14	0.91	0.22	–0.98	1.44	0.50	–0.78	1.36	0.57
	Comparison	53	2.11	0.83	0.01[d]						
SR of child grades (ages 13–14)	Intervention	30	–0.37	0.36	0.32	–0.37	0.50	0.46	–0.40	0.47	0.40
	Comparison	24	0.00	0.19	1.00						
CR of total child victimization experiences (ages 3–11)	Intervention	157	–0.98	0.12	<0.01[d]*	0.10	0.20	0.63	0.11	0.20	0.58
	Comparison	155	–1.08	0.13	<0.01[d]*						
CR of child maltreatment (ages 3–11)	Intervention	157	–0.25	0.06	<0.01[d]*	–0.01	0.08	0.90	–0.01	0.08	0.92
	Comparison	155	–0.24	0.04	<0.01[d]*						
CR of child assault (ages 3–11)	Intervention	157	–0.31	0.05	<0.01[d]*	–0.01	0.08	0.91	–0.01	0.08	0.93
	Comparison	155	–0.30	0.06	<0.01[d]*						
CR of child sexual abuse (ages 3–11)	Intervention	157	0.01	0.01	0.32	0.03	0.02	0.10	0.03	0.02	0.10
	Comparison	155	–0.02	0.01	0.18						
CR of child witnessing violence (ages 3–11)	Intervention	157	–0.33	0.06	<0.01[d]*	0.00	0.09	0.96	0.01	0.09	0.94
	Comparison	155	–0.34	0.06	<0.01[d]*						
SR of total child victimization experiences (ages 10–14)	Intervention	78	–1.14	0.22	<0.01[d]*	–0.12	0.37	0.75	–0.12	0.36	0.75
	Comparison	78	–1.03	0.20	<0.01[d]*						
SR of child maltreatment (ages 10–14)	Intervention	78	–0.29	0.08	<0.01[d]*	–0.18	0.12	0.13	–0.18	0.12	0.13
	Comparison	78	–0.12	0.06	0.07						
SR of child assault (ages 10–14)	Intervention	78	–0.32	0.09	<0.01[d]*	–0.10	0.13	0.44	–0.10	0.13	0.44
	Comparison	78	–0.22	0.07	<0.01[d]*						
SR of child sexual abuse (ages 10–14)	Intervention	78	–0.03	0.02	0.16	0.00	0.03	1.00	0.00	0.03	1.00
	Comparison	78	–0.03	0.03	0.32						

Outcome		N	Within-Family Mean Change[a] Estimate	SE	p-Value	Group-Level Comparison of Mean Changes: Unadjusted Model[b] Estimate	SE	p-Value	Adjusted Model[c] Estimate	SE	p-Value
SR of child witnessing violence (ages 10–14)	Intervention	78	–0.38	0.12	<0.01[d]*	0.14	0.21	0.50	0.14	0.20	0.49
	Comparison	78	–0.53	0.13	<0.01[d]*						
CR of caregiver total number of traumatic experiences	Intervention	225	–0.24	0.05	<0.01[d]*	0.00	0.10	0.97	0.02	0.09	0.81
	Comparison	218	–0.24	0.06	<0.01[d]*						
CR of caregiver experience of any non-DV trauma	Intervention	225	–0.05	0.02	0.02[d]	0.03	0.03	0.32	0.03	0.03	0.30
	Comparison	218	–0.08	0.02	<0.01[d]*						
CR of caregiver experience of any DV	Intervention	225	–0.08	0.02	<0.01[d]*	–0.01	0.04	0.86	0.00	0.04	0.91
	Comparison	218	–0.07	0.02	0.01[d]						
Tertiary											
CR of attitudinal barriers to care	Intervention	225	–0.16	0.07	0.04[d]	–0.22	0.13	0.11	–0.24	0.13	0.06
	Comparison	218	0.06	0.11	0.58						
CR of caregiver total stressors	Intervention	225	–4.54	0.88	<0.01[d]*	–0.80	1.53	0.60	–0.45	1.48	0.76
	Comparison	218	–3.74	0.95	<0.01[d]*						
CR of caregiver resource problems	Intervention	225	–1.28	0.36	<0.01[d]*	–0.27	0.64	0.67	–0.15	0.61	0.80
	Comparison	218	–1.00	0.38	0.01[d]						
CR of caregiver personal problems	Intervention	225	–3.27	0.60	<0.01[d]*	–0.53	1.03	0.61	–0.29	1.01	0.77
	Comparison	218	–2.73	0.65	<0.01[d]*						
CR of child PTSD symptoms (ages 3–10)	Intervention	141	–7.03	1.00	<0.01[d]*	–0.20	1.92	0.92	–0.12	1.74	0.95
	Comparison	131	–6.82	0.91	<0.01[d]*						
SR of child PTSD symptoms (ages 8–14)	Intervention	127	–6.02	0.80	<0.01[d]*	–2.30	1.38	0.10	–2.36	1.27	0.06
	Comparison	112	–3.71	0.72	<0.01[d]*						
SR of child depressive symptoms (ages 13–14)	Intervention	30	–1.53	1.38	0.27	–2.45	2.56	0.34	–2.29	2.46	0.35
	Comparison	24	0.92	1.37	0.51						
CR of child internalizing behavior problems (ages 3–14)	Intervention	225	–2.09	0.23	<0.01[d]*	–0.52	0.38	0.17	–0.52	0.36	0.15
	Comparison	218	–1.56	0.22	<0.01[d]*						
CR of family conflict (ages 3–14)	Intervention	225	–1.36	0.15	<0.01[d]*	–0.25	0.26	0.34	–0.22	0.25	0.38
	Comparison	218	–1.11	0.15	<0.01[d]*						

Outcome		N	Within-Family Mean Change[a] Estimate	SE	p-Value	Group-Level Comparison of Mean Changes: Unadjusted Model[b] Estimate	SE	p-Value	Adjusted Model[c] Estimate	SE	p-Value
SR of family conflict (ages 11–14)	Intervention	66	–0.62	0.29	0.03[d]	0.34	0.46	0.46	0.29	0.44	0.51
	Comparison	56	–0.96	0.29	<0.01[d]*						
CR of family involvement (ages 6–12)	Intervention	109	2.52	0.56	<0.01[d]*	–0.49	0.93	0.60	–0.40	0.92	0.66
	Comparison	107	3.01	0.50	<0.01[d]*						
SR of family involvement (ages 11–14)	Intervention	66	1.62	0.77	0.04[d]	–0.90	1.21	0.46	–0.68	1.18	0.56
	Comparison	56	2.52	0.74	<0.01[d]*						
CR of positive involvement (ages 6–14)	Intervention	160	0.53	0.80	0.51	1.29	1.55	0.41	1.33	1.50	0.38
	Comparison	151	–0.77	0.74	0.30						
CR of negative or ineffective discipline (ages 6–14)	Intervention	161	–3.34	0.52	<0.01[d]*	–1.43	0.90	0.11	–1.39	0.89	0.12
	Comparison	152	–1.91	0.51	<0.01[d]*						
CR of deficient monitoring (ages 6–14)	Intervention	161	–0.47	0.27	0.09	–0.57	0.52	0.27	–0.54	0.49	0.28
	Comparison	152	0.11	0.32	0.75						
SR of mother involvement (ages 11–14)	Intervention	125	0.92	0.73	0.21	–1.11	1.33	0.41	–1.02	1.29	0.43
	Comparison	109	2.03	0.73	0.01[d]						
SR of father involvement (ages 11–14)	Intervention	127	–1.22	0.84	0.15	–1.20	1.93	0.53	–1.16	1.82	0.52
	Comparison	112	–0.02	0.83	0.98						
SR of positive parenting (ages 11–14)	Intervention	127	1.24	0.52	0.02[d]	0.72	0.90	0.43	0.79	0.89	0.37
	Comparison	112	0.53	0.48	0.27						
SR of poor monitoring and supervision (ages 11–14)	Intervention	127	–1.57	0.47	<0.01[d]*	–0.29	0.84	0.73	–0.31	0.78	0.69
	Comparison	112	–1.28	0.51	0.01[d]						
SR of inconsistent discipline (ages 11–14)	Intervention	127	–1.56	0.47	<0.01[d]*	–1.61	0.77	0.04[d]	–1.58	0.77	0.04[d]
	Comparison	112	0.05	0.47	0.91						
SR of corporal punishment (ages 11–14)	Intervention	127	–1.13	0.22	<0.01[d]*	–0.66	0.39	0.09	–0.68	0.38	0.07
	Comparison	112	–0.46	0.23	0.04[d]						
CR of caregiver depression	Intervention	225	–3.28	0.40	<0.01[d]*	0.42	0.73	0.57	0.55	0.71	0.44
	Comparison	218	–3.70	0.42	<0.01[d]*						

Outcome			Within-Family Mean Change[a]			Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
		N	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
CR of caregiver PTSD	Intervention	225	–0.76	0.10	<0.01[d]*	–0.02	0.17	0.92	–0.01	0.17	0.96
	Comparison	218	–0.75	0.10	<0.01[d]*						

NOTE: * = the significant difference over time remains after adjustment for multiple comparisons. Mean change estimates are not shown when the group size is fewer than ten, and comparisons are not shown when the group size is fewer than ten for either group. Adjusted model results are not shown when the group size is fewer than 20 for either group.
[a] Within-family mean changes between the baseline and 12-month scores for each group separately.
[b] Group-level comparison of within-family mean changes from baseline to 12 months.
[c] Estimate of the difference between the two groups' within-family mean change from baseline to 12 months, controlling for child age, gender, race and ethnicity, and violence exposure (baseline exposure plus the average of exposure at 6 and 12 months).
[d] A significant paired *t*-test of differences over time ($p < 0.05$).

Table E.11 also shows many significant within-group changes in secondary and tertiary outcomes for both the intervention and comparison groups, suggesting that both groups improved from baseline to 12 months. These included CR of child total behavior problems, child externalizing problems, child cooperation, child assertion, child school functioning, victimization experiences, child maltreatment, assault, witnessing violence, traumatic experiences, total stressors, personal problems, child internalizing problems, family conflict, family involvement, negative or ineffective discipline, caregiver depression, and caregiver PTSD; SR of delinquency, victimization experiences, assault, and witnessing violence; and CR and SR of child PTSD symptoms. We observed significant improvements in the intervention but not comparison group in SR of maltreatment, poor monitoring and supervision, inconsistent discipline, and corporal punishment and CR of experiencing DV and resource problems. We observed significant improvements in the comparison but not intervention group in CR and SR of child affective strengths, CR of non–DV-related trauma, and SR of family conflict and family involvement. The difference-in-differences models (unadjusted and adjusted) showed no evidence of intervention effects on any of the secondary or tertiary outcomes at 12 months.

Safe Start Service Dosage and Changes in Primary Outcomes

To examine intervention effects that Safe Start service dosage has on outcomes, we divided the intervention families into three dosage groups because families tend to receive different amounts of services. Divided into three levels, the variable defines a low dosage as zero to four DFF sessions, a medium dosage as five to 13 DFF sessions, and a high dosage as 14 or more DFF sessions.

Because children and families with more need are likely to receive more services, we would expect a selection bias, with higher-need families receiving more services. To account for this selection bias, we used the propensity score matching method to pair families in each dosage

group with families with similar needs in the comparison group. The matching paired families based on baseline scores on the outcome measure of interest. The analyses examined the difference in mean score changes between the intervention and comparison groups for each dosage group, after controlling for the number of case management contacts. Note that, in this analysis, the full comparison group is used in the matching of each of the dosage levels.

At six months, the propensity score matching analyses for the primary outcome of CR of child self-control (we did not test dosage with the outcome of SR of self-control because the sample size was too small) comparing the two groups on changes in mean child self-control score between baseline and six months revealed no statistically significant difference between the intervention and comparison groups in any of the dosage categories (see Table E.12).

Table E.12. Changes in Means by Dosage Group for Primary Outcome, Caregiver Report of Child Self-Control, Between Baseline and Six-Month Assessment

			Baseline		Six Months		
Dosage	**Group**	***N***	**Mean**	**SD**	**Mean**	**SD**	**Difference in Differences**
Low	Intervention	54	9.54	4.17	11.17	4.79	0.28
	Comparison	54	9.07	4.79	10.43	5.09	
Medium	Intervention	27	8.22	3.70	11.00	5.01	0.15
	Comparison	27	7.30	4.97	9.93	5.31	
High	Intervention	88	9.17	4.58	11.44	4.44	–0.03
	Comparison	88	9.49	4.67	11.80	5.36	

NOTE: We do not show data for outcomes for which the cell size is less than five for the group. We did not test comparisons for group sizes less than ten for either group.

At 12 months, the propensity score matching analyses for the primary outcome of CR of child self-control (we did not test dosage with the outcome of SR of self-control because the sample size was too small) revealed no statistically significant difference between the intervention and comparison groups in any of the dosage categories. The difference in differences for the medium dosage group was large (favoring the intervention group) but not significantly different from the other dosage groups (see Table E.13).

Table E.13. Changes in Means by Dosage Group for Primary Outcome, Caregiver Report of Child Self-Control, Between Baseline and 12-Month Assessment

			Baseline		12 Months		
Dosage	Group	*N*	Mean	SD	Mean	SD	Difference in Differences
Low	Intervention	48	8.90	3.88	12.73	4.32	0.71
	Comparison	48	9.13	4.40	12.25	3.87	
Medium	Intervention	22	8.64	3.81	13.18	4.09	2.18
	Comparison	22	9.95	4.38	12.32	4.39	
High	Intervention	79	9.23	4.56	12.82	4.53	0.15
	Comparison	79	9.01	4.62	12.46	4.66	

NOTE: We do not show data for outcomes for which the cell size is less than five for the group. We did not test comparisons for group sizes less than ten for either group.

Conclusions

The El Paso Safe Start intervention consisted of an RCT comparing DFF and case management with case management alone. The study enrolled 486 families and retained about 90 percent of them for follow-ups at six and 12 months. The participants in the study were Hispanic and impoverished (78 percent with family incomes less than $20,000). Families in the sample had moderate but variable levels of symptoms at the beginning of the study: About one-third of children had PTSD symptoms in the clinical range, about one-fifth of children had depressive symptoms in the clinical range, and 14 percent of caregivers reported depression in the clinical range. Uptake of services was high, with 83 percent of the intervention group receiving group therapy sessions and 99 percent receiving case management. All families in the comparison group received some case management, as planned.

With strong study recruitment and retention, we had an 80-percent chance to detect a small effect (0.27), so the study was fully powered to detect the medium effect size expected. Intent-to-treat analyses revealed changes within each of the two groups in the expected direction for many of the outcomes. That is, families in both groups improved over time. However, with both groups improving over time on many outcomes, we did not see any significant intervention effects for any of El Paso's primary, secondary, or tertiary outcomes at six months. This finding differs from RCTs testing SFP's effect on similar outcomes, in which significant group differences favoring the SFP treatment group were found in such outcomes as social competence and behavioral self-regulation (Kumpfer, Alvarado, et al., 2002), positive problem solving (Semeniuk et al., 2010), and child positive adjustment (Gottfredson et al., 2006). However, these studies might not be directly comparable to the evaluation of El Paso's Safe Start program. For instance, Kumpfer and colleagues' study (Kumpfer, Alvarado, et al., 2002) used a no-treatment comparison condition, whereas El Paso's comparison group received case management.

Gottfredson and colleagues (Gottfredson et al., 2006) and Semeniuk et al., 2010, employed control groups that did receive some minimal treatment and thus might be more-appropriate comparisons to the current study. However, Gottfredson et al.'s (Gottfredson et al., 2006) follow-up time point was 15 weeks postbaseline—a shorter follow-up period than the six- and 12-month periods examined in Safe Start. In Semeniuk et al., 2010, the finding that SFP resulted in greater improvements in positive problem solving differed depending on the reporter. That is, a small negative effect (–0.17) was found for parent report, whereas a large positive effect (0.58) was found for youth report of positive problem solving.

At 12 months, there was a borderline significant ($p = 0.05$) trend on CR of self-control favoring the intervention group. Examination of families who received low, medium, and high doses of SFP intervention services did not reveal any statistically significant differences between families in the intervention and comparable families in the comparison group.

Overall, the results indicate that El Paso's Safe Start program might improve caregivers' perceptions of their children's (ages 3–12) self-control a year after starting the program but does not appear to improve other outcomes for children over time compared with a group of similar families who received case management alone. This trend, just on the cusp of significance ($p = 0.05$), might reflect a change in the expected direction for a primary outcome of the study, consistently with previous RCTs testing SFP's effect on similar outcomes (Semeniuk et al., 2010; Kumpfer, Alvarado, et al., 2002; Gottfredson et al., 2006). We do not observe the same effect on teenagers' self-reported self-control, but the effects are in the same direction and power is much lower for this smaller group of 13- and 14-year-olds, so this might reflect lack of power rather than lack of effect.

Despite the rigorous randomized design, we cannot draw firm conclusions about the effectiveness of the El Paso Safe Start program based on these results. Although it is possible that the program was ineffective in improving the other outcomes for children in the intervention group relative to comparison families, there are several other possible explanations for the results presented here. First, in this program, the comparison group received quite a bit of help and support through case management. These services might have served to reduce the amount of difference between the two groups. Alternatively, both groups might have improved because of a recovery trajectory, with families in both groups displaying resilience and recovery following violence exposure. The failure to detect significant differences between the groups might also have been due to the particular outcomes measured. That is, the El Paso Safe Start program might have improved the lives of children and families in ways that we did not measure (or measured adequately) in this study. In addition, the baseline status of families in the study showed a relatively healthy sample on some of the measures, leaving little room for improvement.

In sum, DFF and case management show promise in improving child self-control in the year after entry into the program. In addition, the work demonstrates the promise of both intervention and comparison conditions given improvement in both groups on many measures, as well as

robust uptake of the services offered and high satisfaction with them. These results call for reconsideration of what might be helpful to families and whether the supportive aspects present in both arms of the study might be as important as the trauma-related therapeutic components used in the intervention arm. Further exploration of the improvement noted in the case management comparison condition could help guide the field forward in terms of finding programs that help improve the lives of CEV.

Table E.14. Comparison of Means for El Paso Outcome Variables

		Baseline				Six Months				12 Months			
Outcome		***N***	**Mean**	**SD**	**Difference**	***N***	**Mean**	**SD**	**Difference**	***N***	**Mean**	**SD**	**Difference**
Primary													
CR of child self-control (ages 3–12)	Intervention	210	9.20	4.53	0.19	187	11.44	4.67	0.26	173	12.82	4.43	1.06
	Comparison	215	9.01	4.86		196	11.18	5.45		173	11.76	4.64	
SR of child self-control (ages 13–14)	Intervention	32	9.03	4.62	–1.90	30	11.77	4.41	–0.03	52	12.12	4.39	–0.15
	Comparison	30	10.93	4.52		25	11.8	4.65		41	12.27	4.02	
Secondary													
CR of child behavior problems (ages 3–14)	Intervention	242	15.34	6.48	–0.34	217	11.04	7.07	–0.76	225	10.47	6.89	–1.07
	Comparison	244	15.68	5.96		222	11.79	7.04		218	11.55	6.36	
CR of child externalizing behavior problems (ages 3–14)	Intervention	242	9.95	4.15	–0.34	217	7.44	4.66	–0.47	225	7.09	4.57	–0.70
	Comparison	244	10.28	3.84		222	7.91	4.60		218	7.79	4.21	
SR of child delinquency (ages 11–14)	Intervention	68	0.41	0.50	–0.02	62	0.16	0.37	–0.07	85	0.19	0.39	–0.01
	Comparison	65	0.43	0.50		57	0.23	0.42		82	0.20	0.40	
SR of child drug use (ages 11–14)	Intervention	68	0.09	0.29	–0.07	62	0.05	0.22	–0.04	85	0.08	0.28	–0.02
	Comparison	65	0.15	0.36		57	0.09	0.29		82	0.10	0.30	
SR of child gang involvement (ages 11–14)	Intervention	68	0.03	0.17	–0.02	62	0.05	0.22	0.00	85	0.02	0.15	0.01
	Comparison	65	0.05	0.21		57	0.05	0.23		82	0.01	0.11	
CR of child cooperation (ages 3–12)	Intervention	210	10.52	4.04	0.09	187	12.9	3.6	0.75	173	13.31	3.35	0.86
	Comparison	215	10.43	4.29		196	12.15	4.27		173	12.46	3.50	
SR of child cooperation (ages 13–14)	Intervention	31	15.55	4.35	0.68	30	16.4	4.63	–0.24	51	16.57	4.13	0.13
	Comparison	30	14.87	5.72		25	16.64	3.88		41	16.44	4.20	
CR of child assertion (ages 3–12)	Intervention	210	14.79	3.59	–0.13	187	15.95	3.68	0.24	173	16.59	3.29	0.33
	Comparison	215	14.91	3.44		196	15.7	4.06		173	16.26	3.36	
SR of child assertion (ages 13–14)	Intervention	32	12.09	5.03	–0.24	30	14.27	5.12	0.47	52	14.27	4.85	–0.02
	Comparison	30	12.33	5.10		25	13.8	5.20		41	14.29	3.84	

Outcome		Baseline				Six Months				12 Months			
		N	Mean	SD	Difference	*N*	Mean	SD	Difference	*N*	Mean	SD	Difference
CR of child affective strengths (ages 6–12)	Intervention	140	15.84	3.34	0.70	132	17.16	2.88	0.54	137	17.02	3.35	0.16
	Comparison	144	15.15	3.74		137	16.62	3.57		142	16.86	3.26	
SR of child affective strengths (ages 11–14)	Intervention	68	14.28	4.00	0.39	62	15.81	4.07	1.05	85	15.73	3.77	–0.09
	Comparison	65	13.89	4.14		57	14.75	4.48		82	15.82	3.22	
CR of child school functioning (ages 6–12)	Intervention	139	18.84	5.18	1.23[a]	132	21.16	4.76	1.88[a]	131	21.08	5.34	0.92
	Comparison	142	17.61	5.22		137	19.28	5.51		135	20.16	4.51	
SR of child school functioning (ages 11–14)	Intervention	66	18.14	5.17	0.39	62	21.29	4.67	1.48	76	20.11	5.45	0.03
	Comparison	64	17.75	5.65		57	19.81	5.29		78	20.08	4.99	
SR of child grades (ages 13–14)	Intervention	32	3.28	1.37	–0.02	30	3.10	1.24	0.06	52	3.13	1.31	–0.23
	Comparison	30	3.30	1.34		25	3.04	1.02		41	3.37	1.32	
CR of total child victimization experiences (ages 3–11)	Intervention	192	1.37	1.66	–0.10	168	0.55	1.00	–0.10	157	0.41	0.69	0.03
	Comparison	195	1.47	1.58		178	0.65	0.98		155	0.38	0.71	
CR of child maltreatment (ages 3–11)	Intervention	192	0.3	0.71	0.01	168	0.07	0.31	–0.03	157	0.05	0.25	0.00
	Comparison	195	0.29	0.58		178	0.10	0.33		155	0.05	0.25	
CR of child assault (ages 3–11)	Intervention	192	0.35	0.61	–0.02	168	0.15	0.45	0.03	157	0.07	0.28	–0.01
	Comparison	195	0.37	0.68		178	0.12	0.34		155	0.08	0.29	
CR of child sexual abuse (ages 3–11)	Intervention	192	0.01	0.07	–0.02	168	0.01	0.11	–0.01	157	0.01	0.08	0.00
	Comparison	195	0.02	0.14		178	0.02	0.15		155	0.01	0.08	
CR of child witnessing violence (ages 3–11)	Intervention	192	0.42	0.77	–0.04	168	0.11	0.37	–0.07	157	0.06	0.27	–0.03
	Comparison	195	0.46	0.79		178	0.19	0.54		155	0.09	0.33	
SR of total child victimization experiences (ages 10–14)	Intervention	80	1.76	1.85	–0.07	75	0.68	1.16	–0.10	105	0.62	1.25	–0.11
	Comparison	89	1.83	1.80		80	0.78	1.27		94	0.73	1.43	
SR of child maltreatment (ages 10–14)	Intervention	80	0.41	0.69	0.11	75	0.13	0.47	0.06	105	0.09	0.31	–0.05
	Comparison	89	0.30	0.63		80	0.08	0.27		94	0.14	0.40	
SR of child assault (ages 10–14)	Intervention	80	0.45	0.78	0.07	75	0.15	0.43	–0.03	105	0.13	0.39	0.00
	Comparison	89	0.38	0.63		80	0.18	0.44		94	0.14	0.45	

Outcome		Baseline				Six Months				12 Months			
		N	Mean	SD	Difference	*N*	Mean	SD	Difference	*N*	Mean	SD	Difference
SR of child sexual abuse (ages 10–14)	Intervention	80	0.03	0.16	–0.01	75	0.00	0	–0.04	105	0.00	0.00	–0.01
	Comparison	89	0.03	0.18		80	0.04	0.19		94	0.01	0.10	
SR of child witnessing violence (ages 10–14)	Intervention	80	0.66	0.91	–0.26	75	0.28	0.58	–0.05	105	0.29	0.7	–0.07
	Comparison	89	0.92	1.08		80	0.33	0.69		94	0.35	0.83	
CR of caregiver total number of traumatic experiences	Intervention	242	0.34	0.91	0.00	217	0.08	0.5	–0.03	225	0.10	0.41	0.01
	Comparison	244	0.34	0.91		222	0.11	0.47		218	0.09	0.41	
CR of caregiver experience of any non-DV trauma	Intervention	242	0.07	0.26	–0.01	217	0.02	0.13	0.00	225	0.03	0.17	0.02
	Comparison	244	0.08	0.27		222	0.02	0.15		218	0.01	0.1	
CR of caregiver experience of any DV	Intervention	242	0.14	0.35	0.01	217	0.04	0.19	–0.01	225	0.05	0.23	0.01
	Comparison	244	0.13	0.33		222	0.05	0.21		218	0.05	0.21	
Tertiary													
CR of attitudinal barriers to care	Intervention	242	0.4	0.84	–0.02	217	0.37	1.07	–0.09	225	0.25	0.79	–0.24[a]
	Comparison	244	0.42	0.97		222	0.46	0.95		218	0.49	1.27	
CR of caregiver total stressors	Intervention	242	42.43	11.58	0.92	217	38	11.2	0.46	225	37.52	11.51	–0.09
	Comparison	244	41.51	11.32		222	37.54	10.56		218	37.62	11.28	
CR of caregiver resource problems	Intervention	242	15.04	4.66	0.42	217	13.86	4.71	0.39	225	13.61	4.68	–0.01
	Comparison	244	14.61	4.96		222	13.47	4.45		218	13.62	4.68	
CR of caregiver personal problems	Intervention	242	27.39	7.92	0.50	217	24.14	7.43	0.08	225	23.91	7.79	–0.08
	Comparison	244	26.89	7.63		222	24.07	7.31		218	24	7.56	
CR of child PTSD symptoms (ages 3–10)	Intervention	174	43.51	13.72	–0.29	154	36.66	10.79	–2.29	141	35.61	10.98	–0.76
	Comparison	174	43.8	12.26		158	38.96	13.66		131	36.37	10.02	
SR of child PTSD symptoms (ages 8–14)	Intervention	135	10.74	10.01	2.14	126	5.21	6.69	–1.47	127	4.71	6.49	0.34
	Comparison	129	8.60	7.65		116	6.67	7.83		113	4.37	5.60	
SR of child depressive symptoms (ages 13–14)	Intervention	32	76.78	6.71	0.95	30	75.30	5.51	1.62	52	76.33	5.45	–0.70
	Comparison	30	75.83	6.12		25	73.68	6.56		41	77.02	6.19	

Outcome		Baseline				Six Months				12 Months			
		N	Mean	SD	Difference	*N*	Mean	SD	Difference	*N*	Mean	SD	Difference
CR of child internalizing behavior problems (ages 3–14)	Intervention	242	5.39	3.06	0.00	217	3.59	2.94	–0.29	225	3.38	2.80	–0.37
	Comparison	244	5.40	2.79		222	3.88	2.99		218	3.76	2.65	
CR of family conflict (ages 3–14)	Intervention	242	3.49	1.97	–0.11	217	2.40	1.87	–0.31	225	2.19	1.82	–0.30
	Comparison	244	3.6	2.01		222	2.71	1.8		218	2.49	1.87	
SR of family conflict (ages 11–14)	Intervention	68	2.84	1.77	–0.59	62	2.11	1.67	–0.41	85	2.26	1.68	–0.12
	Comparison	65	3.43	2.15		57	2.53	1.69		82	2.38	1.62	
CR of family involvement (ages 6–12)	Intervention	140	21.06	5.06	1.05	132	23.63	4.69	0.94	137	23.72	5.35	0.57
	Comparison	144	20.01	5.04		137	22.69	4.75		142	23.15	4.89	
SR of family involvement (ages 11–14)	Intervention	68	20.01	4.95	0.15	62	21.71	5.77	–0.22	85	22.21	4.50	–0.59
	Comparison	65	19.86	5.14		57	21.93	4.52		82	22.8	4.15	
CR of positive involvement (ages 6–14)	Intervention	171	62.84	10.04	–0.73	162	63.62	9.44	1.20	189	63.96	10.65	1.31
	Comparison	172	63.57	9.19		163	62.42	10.15		186	62.65	9.1	
CR of negative or ineffective discipline (ages 6–14)	Intervention	172	22.48	5.73	–0.12	162	18.97	5.21	–1.48[a]	189	19.22	5.21	–0.96
	Comparison	173	22.61	6.21		163	20.45	5.62		187	20.18	5.6	
CR of deficient monitoring (ages 6–14)	Intervention	172	9.90	3.44	0.24	162	9.40	3.08	–0.10	189	9.34	2.76	–0.15
	Comparison	173	9.66	3.35		163	9.50	2.82		187	9.49	2.94	
SR of mother involvement (ages 11–14)	Intervention	133	34.65	7.51	1.26	126	35.78	7.02	1.53	127	35.54	7.06	0.41
	Comparison	127	33.39	7.32		116	34.25	7.15		112	35.13	6.55	
SR of father involvement (ages 11–14)	Intervention	135	24.96	10.57	0.45	126	24.39	10.49	–0.74	127	23.73	10.45	–0.49
	Comparison	129	24.51	10.31		116	25.13	10.20		113	24.22	10.49	
SR of positive parenting (ages 11–14)	Intervention	135	22.27	5.32	–0.49	126	23.32	4.77	1.44[a]	127	23.55	4.93	0.37
	Comparison	129	22.77	4.82		116	21.88	4.73		113	23.18	4.36	
SR of poor monitoring and supervision (ages 11–14)	Intervention	135	15.19	5.12	0.08	126	13.52	4.43	–0.21	127	13.41	4.06	–0.26
	Comparison	129	15.10	5.23		116	13.73	3.83		113	13.67	4.24	
SR of inconsistent discipline (ages 11–14)	Intervention	135	13.97	3.87	0.41	126	12.52	3.99	–0.84	127	12.39	4.07	–1.21
	Comparison	129	13.56	4.25		116	13.36	4.46		113	13.59	4.72	

Outcome		Baseline				Six Months				12 Months			
		N	Mean	SD	Difference	*N*	Mean	SD	Difference	*N*	Mean	SD	Difference
SR of corporal punishment (ages 11–14)	Intervention	135	4.97	2.36	0.13	126	4.07	1.61	–0.58[a]	127	3.8	1.43	–0.50
	Comparison	129	4.84	2.39		116	4.66	2.37		113	4.29	2.22	
CR of caregiver depression	Intervention	242	7.38	6.26	–0.44	217	4.06	5.04	–1.29[a]	225	4.04	4.94	–0.16
	Comparison	244	7.83	5.84		222	5.36	5.69		218	4.20	4.43	
CR of caregiver PTSD	Intervention	242	1.24	1.51	–0.02	217	0.76	1.26	0.08	225	0.48	1.05	–0.04
	Comparison	244	1.27	1.50		222	0.68	1.13		218	0.51	1.01	

[a] A significant paired *t*-test of differences between groups ($p < 0.05$). In cells containing *0.05*, we have rounded the value to 0.05, but it is still less than 0.05.