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TECHNICAL REPORT

National Evaluation of Safe Start Promising Approaches

Results Appendix B: Broward County, Florida

In Jaycox, L. H., L. J. Hickman, D. Schultz, D. Barnes-Proby, C. M. Setodji, A. Kofner, R. Harris, J. D. Acosta, and T. Francois, *National Evaluation of Safe Start Promising Approaches: Assessing Program Outcomes,* Santa Monica, Calif.: RAND Corporation, TR-991-1-DOJ, 2011

Sponsored by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention

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INFRASTRUCTURE, SAFETY, AND ENVIRONMENT

This research was sponsored by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention and was conducted under the auspices of the Safety and Justice Program within RAND Infrastructure, Safety, and Environment and under RAND Health's Health Promotion and Disease Prevention Program.

Library of Congress Control Number: 2011935596

ISBN: 978-0-8330-5822-5

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Published 2011 by the RAND Corporation
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BROWARD COUNTY, FLORIDA, SAFE START OUTCOMES REPORT

ABSTRACT

The Broward County Safe Start Program implemented a family-centered intervention intended to improve outcomes for children (ages 0–8) exposed to violence. The program included four phases: assessment and joining; restructuring and value change, which both included individual and family counseling; and termination or generalization. A full description of the program can be found in *National Evaluation of Safe Start Promising Approaches: Assessing Program Implementation* (Schultz et al., 2010). The evaluation of this program consisted of a randomized controlled trial of the intervention, with randomization occurring at the family level, and a six-month wait-list control group. A total of 201 families were recruited, but only 94 (47 percent) were retained at six months, and only 35 of these were in the control group. Participants in the study were largely minorities and impoverished, with about 30 percent of children scoring in the clinical range at baseline for child posttraumatic stress disorder (PTSD) symptoms, and about one-third of caregivers reporting parenting stress in the clinical range. Among those families retained at six months, 97 percent received some services, with an average of 44 hours of therapy. Those who participated in the intervention arm received an array of services, with over 60 percent of those enrolled taking part in family therapy, and the vast majority (93 percent) of those retained in the six-month sample taking part in family therapy. Given the number of participants in this study, we had an 80-percent chance to detect a medium-to-large effect size of 0.6 at six months. We expected a large intervention effect, given the intensity of the intervention. In the domains of parenting stress and social-emotional competence, some significant improvements within the intervention group were observed over time, but they did not differ from changes observed in the control group. Intent-to-treat analyses showed no statistically significant differences between groups over time. Examination of families that received low, medium, and high doses of intervention services likewise did not reveal any statistically significant differences between families in the intervention and comparable families in the control group. Although it is possible that the services as implemented in this study were not effective in improving outcomes for children in the intervention group relative to controls, there are several other possible explanations for the results presented here. The lack of significant difference between groups over time could reflect a sample size limitation and thus a lack of power to observe a medium

intervention effect; intervention effects in the enhanced usual care, consisting of contact and case management for the control group; selection bias related to low retention overall, and particularly in the control group; increased recognition of symptoms as a function of the intervention; insufficient time to observe intervention effects; or a lack of a meaningful difference between the intervention and the control arms on the particular outcomes measured. In sum, the work demonstrates the need for further evaluation of this intensive approach at intervention with children exposed to violence.

INTRODUCTION

The Broward County Safe Start program operated within Broward County, Florida, a county with about 8,000 domestic violence offenses in 2003 (IFCS, 2004). According to the Florida Abuse Hotline Information System, there were 16,488 reports of child abuse and neglect in Broward County in fiscal year 2001–2002. The most prevalent type of abuse was exposure to domestic violence (11.53 percent; IFCS, 2004).

The Broward County Safe Start program represented a collaborative effort to increase access to services, decrease the psychological effects of exposure to domestic violence on children, and end the domestic violence cycle for future generations (IFCS, 2004). The main goals of the program were to stabilize the family by building on family strengths and to support families in taking up other relevant services (e.g., specialty mental health care). The Broward County Safe Start program implemented Family-Centered Treatment® (FCT) to accomplish these goals.

FCT was developed by the Institute for Family Centered Services, Inc., (IFCS) based on over 20 years of practical experience, research, and client feedback (Sullivan, Bennear, and Painter, 2009). It is aimed at strengthening families in order to achieve better outcomes, such as prevention of child maltreatment, reduction in parent-child conflict, or improvement of child behavior (Pecora, Reed-Ashcraft, and Kirk, 2001). Data gathered on juvenile delinquency outcomes in a quasi-experimental study showed that FCT reduced rates of residential placement in the year following therapy but did not change rates of juvenile offenses (Sullivan et al., 2009). Other child outcomes under study here have not yet been examined.

The outcomes evaluation presented here presents data relevant to the question of whether the Broward Safe Start program, as implemented within this project, improves outcomes for children exposed to violence.

BROWARD COUNTY SAFE START

- **Intervention type:** Family-Centered Treatment® (intensive, home-based, family-centered therapy)
- **Intervention length:** Up to six months
- **Intervention setting:** In-home
- **Target population:** Children who were exposed to all types of violence, with a focus on exposure to domestic violence
- **Age range:** 0–8
- **Primary referral source:** Henderson Mental Health Center (Family Resource Team), ChildNet, Women in Distress, Broward County Sheriff's Office

INTERVENTION

In this section, we provide a brief description of the intervention. For a full description of the Broward County Safe Start program, see Schultz et al., 2010. FCT is an intensive, family-centered service model intended to offer "practical, experiential ways to have families rediscover the components of effective parenting and communication skills" (IFCS, 2004). The goal is to foster strong, healthy child attachment to parents and a sense of belonging, competence, independence, and value in children. FCT includes five procedures (delivered over four phases):

- safety assessment
- crisis intervention
- individual and family counseling
- education about child development and appropriate expectations
- wraparound services, provided 24 hours a day, seven days a week for the duration of the service period.

The intervention generally started with five or six hours per week (at least two meetings per week) and then tapered off to once a week as the therapy moved toward termination for a period of roughly six months. All services were provided in the family's home. Prior to initiating the intervention, a thorough domestic violence safety assessment was conducted. Generally, the first month of treatment was considered the

assessment and joining phase, with the therapist gathering information in structured ways and using it to help the family formulate goals.

Once goals were set, the phase of restructuring began, usually lasting for two to three months. This therapy centered on issues like parenting, setting limits, safety planning, loss and separation, specific behavioral or emotional problems in the parent or child, and healing the effects of trauma. In some cases, the perpetrator participated in the therapy sessions. Typically the tone would be directive, with therapists suggesting specific changes in patterns of behavior within the family to promote the family's goals. Then, in the value change phase, the therapist would challenge family members to move past conformity and compliance to consider the changes suggested to them by the therapist and to come to their own conclusion about whether they wanted to embrace those changes or not.

The last phase of treatment, typically lasting about four to six weeks, was the termination or generalization phase, during which the therapist would observe and monitor the family to ensure that they were able to continue to maintain the things they learned during treatment. This phase also helped the family members get ready to formulate their own goals, advocate for themselves with social service agencies, and plan for future problems by having a concrete plan to address them. The treatment ended when most of the treatment goals were met and social workers were able to connect family members with the other need services in their community.

Efforts to monitor the quality of the program included new staff training, first via the model manual to teach therapists core concepts and through video examples of the intervention in action, followed by coaching by a senior therapist, and finally followed by demonstration of adherence to 16 core skills with a family (as observed by a trainer). Thus, all staff were certified prior to delivering services on their own. Cases were reviewed by staff in weekly group sessions for peer feedback and biweekly for individual supervision. There were also bimonthly supervision meetings led by the project director for training.

METHOD

Design Overview

The design of this study was a block randomized controlled trial with a six-month wait-list control group. Randomization occurred at the family level within age groups, and eligible children were recruited after families were referred to the program. Families assigned to the treatment condition received FCT for up to six months.

Families on the waiting list received enhanced usual care, including extra support and referrals during the waiting period, and were eligible to begin FCT after completion of the first follow-up assessment at six months. Child outcomes and contextual information were assessed at baseline, six, 12, 18, and 24 months. Study enrollment took place between July 2006 and March 2009.

For those randomized to the control group, the FCT intervention could start any time after the six-month assessment. During the waiting period, families could access any services in the community that they wished but did not receive FCT. A therapist was assigned to work with each wait-list family during this period to ensure their safety and to make referrals as needed. The therapist contacted them biweekly, following a telephone protocol that allowed them to maintain a relationship with the family without delivering therapy.

Evaluation Eligibility Criteria

Families with a child age 8 or younger who met the following criteria were eligible to participate in the program: (1) The child lived in Broward County; (2) the child was exposed to any type of domestic or community violence at any point in his or her lifetime; (3) the child was proficient in English or Spanish and was able to understand the informed consent process and the assessments; and (4) the child was referred from ChildNet, Broward County Healthy Start Coalition, Healthy Mothers/Healthy Babies, Henderson Mental Health Services, Broward Sheriff's Office, Broward County Family Court Services, Kids in Distress, or Women in Distress.

In many cases, the target child who was most in need of the intervention was clear on referral into the program. In these cases, the primary caregiver and the target child were recruited to participate in the research project, although the entire family participated in the intervention. In cases where more than one child in the 0–8 age range had been exposed to violence, all were the focus of intervention within the FCT model, but the assessments were completed for the child with the most recent birthday at the time of recruitment into the study.

Randomization Procedures

On enrollment into the study, the children were randomized into intervention or control groups using a block randomization procedure that allowed for approximately the same number of children in the intervention and control groups (see Chapter Four of the main document [http://www.rand.org/pubs/technical_reports/TR991-1.html]). Because of the possibility that the impact of the intervention could differ

by child age, the sample was stratified into three groups (0–2, 3–5, and 7–8). During implementation, one family was originally assigned to the wait-list control group, but their situation escalated to the point of requiring immediate services, and they were offered FCT during the waiting period. Another family was randomized prior to obtaining their baseline assessment and was unreachable after to complete that assessment. These two families were removed from the analyses.

Measures

The measures used in this study are described fully in Chapter Two of the main document (see http://www.rand.org/pubs/technical_reports/TR991-1.html). 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 Broward County Safe Start intervention, the outcomes were prioritized as shown in Table 1.

Enrollment and Retention

Broward County Safe Start received the majority of their referrals from the Henderson Mental Health Center's Family Resource Center intake specialist. Once a referral was received and screened for eligibility, the case was assigned to a therapist so that the baseline assessment could be scheduled and completed in the client's home. After the assessment, the random assignment procedures were implemented and the referring party was informed of the results.

According to data submitted on its Quarterly Activity Reports, Broward County Safe Start enrolled 72 percent of the families referred to the program. The most common reasons that families did not enroll included caregiver-related issues, such as inability to locate (34 percent), lack of interest (20 percent), and no time to participate (3 percent), and other issues (32 percent). Three percent of the families did not enroll because of child refusal.

Table 1

Prioritized Outcome Measures for Broward County Safe Start

Primary Outcome Measures			
Domain	***Source / Measure***	***Age of Child***	***Respondent***
PTSD Symptoms	Trauma Symptom Checklist for Young Children	3–8 years	Caregiver
PTSD Symptoms	Trauma Symptom Checklist for Children	8 years	Child
Depressive Symptoms	Children's Depression Inventory	8 years	Child
Behavior/Conduct Problems	BITSEA and Behavior Problem Index	1–8 years	Caregiver
Caregiver-Child Relationship	BERS-2 (Family Involvement)	6–8 years	Caregiver
Caregiver-Child Relationship	Parenting Stress Index	All	Caregiver
Violence Exposure	Juvenile Victimization Questionnaire	All	Caregiver
Violence Exposure	Caregiver Victimization Questionnaire	All	Caregiver
Secondary Outcome Measures			
Domain	***Measure***	***Age of Child***	***Respondent***
Social-Emotional Competence	ASQ	0–2 years	Caregiver
Social-Emotional Competence	BITSEA and SSRS (Assertion and Self-Control)	1–8 years	Caregiver
Social-Emotional Competence	SSRS (Cooperation)	3–8 years	Caregiver
Social-Emotional Competence	BERS-2 (School Functioning, Affective Strengths)	6–8 years	Caregiver
Tertiary Outcome Measures			
Domain	***Measure***	***Age of Child***	***Respondent***
School Readiness/Performance	Woodcock-Johnson III	All	Child
Background and Contextual Factors	Everyday Stressors Index	All	Caregiver

NOTE: ASQ = Ages and Stages Questionnaire, BERS-2 = Behavior and Emotional Rating Scales—2, BITSEA = Brief Infant-Toddler Social and Emotional Assessment, SSRS = Social Skills Rating System.

In Table 2, we present the number and percentage of all enrollees who were eligible for participation at each data collection time point. As shown, slightly under half of families enrolled were retained for the six-month assessment, with more retained in the intervention group (58 percent) than in the control group (35 percent).

Overall retention at 12 months was low (12 percent), with one caregiver and child assessment packet pair excluded because it was administered outside of the expanded window for data collection. Broward County Safe Start discontinued the long-term assessments before completion of the study and thus did not attempt to assess most families at 18 and 24 months.

Broward County's low retention at the follow-up assessments increases the potential for biased results. First, low retention overall may be related to treatment factors that lead to selection bias. For example, if families in more distress are more likely to leave the study and be lost to follow-up, then the results can be misleading. Similarly, the retention differed a good deal between the intervention and control groups, making it possible that one group was more biased than the other, increasing the possibility of misleading results.

Table 2
Retention of Enrollees Eligible to Participate in Assessments at Each Time Point

	Caregiver Assessment				Child Assessment			
	Six Months	12 Months	18 Months	24 Months	Six Months	12 Months	18 Months	24 Months
Intervention								
Received	59	3	0	0	33	3	0	0
Expected*	102	27	7	1	59	23	5	1
Retention Rate	58%	11%	0%	0%	56%	13%	0%	0%
Control								
Received	35	3	1	0	14	1	1	0
Expected*	99	24	6	1	56	22	6	1
Retention Rate	35%	13%	17%	0%	25%	5%	17%	0%
Overall								
Retention Rate	47%	12%	8%	0%	41%	9%	9%	0%

* The number of expected assessments for longer-term assessments differs from the number who entered the study because the field period for collecting data in this study ended in the fall of 2009, before all families entered the window of time for assessments at 18 or 24 months.

Analysis Plan and Power Calculations

First, 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. Because this was a randomized experimental design, we did not expect any major differences between the two groups at baseline. However, to be certain, we tested for differences in child and caregiver characteristics between intervention and control group children using t-tests and chi-square tests.

Because the retention rate was so different between the two groups, we also examined whether those that were lost to follow-up differed in any systematic way from those who were retained, using t-tests and chi-square tests.

To assess the effect of the Safe Start intervention, we primarily examined differences between children in the intervention and control groups at six months. 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 control groups divided by the common standard error. 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 (Cohen, 1988). At the nominal 0.05 significance level, with 203 children enrolled at baseline (103 intervention and 100 control), and only 94 of them observed at both baseline and six months, with 59 of them in the intervention and 35 in the control group, we can expect only a 15.3-percent chance to detect a small intervention effect and a 64-percent chance to detect a medium intervention effect, but we will have an 80-percent chance (the usual nominal) to detect a large intervention effect. The FCT model had not been studied previously, with no prior estimates of its intervention effect. However, the intervention model is quite intensive in terms of time, and thus we expected a medium intervention effect or larger. Given the sample size here, there was sufficient power to detect a slightly larger than medium intervention effect of size 0.604, according to Cohen's 1988 effect size classification. Statistical power was dampened by several factors other than overall sample size. 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. The low power in this study must be kept in mind in interpreting results.

We examined differences between the intervention and control 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 Four of the main document (see http://www.rand.org/pubs/technical_reports/TR991-1.html), comparisons of a control group only to those who complete services (or receive a predetermined amount of services) is likely to bias results. That is, those who do not engage in services or drop out prior to completion may be systematically different than 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 control 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-square or t-tests at each time point, compare means within groups across time, and examine difference in differences to comparing the two groups on changes over time between baseline and the six- 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 difference via main effects and the interaction between intervention status and time after controlling for baseline characteristics (parent and child age, gender, race, and exposure to violence). These baseline characteristics were selected to correct for any potential imbalance in the groups by relevant demographic characteristics.

To examine outcomes related to the as-treated sample—those families that took part in the intervention services offered—we examined the outcome means for families that took part in the intervention services offered broken down into groups that received a low dose of the intervention, a medium dose, and a high dose. Since 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 control 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 control groups for each dosage group at follow-up. Note that in this analysis, the full control 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.

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 False Discovery Rate (FDR) method (Benjamini and Hochberg, 1995). Our assessments of statistical significance were based on applying the FDR procedure

separately to all of the primary, secondary, and tertiary outcome tests in this report (as reported in Tables 7–9) using an FDR of 0.05. For instance, with 13 model test statistics conducted among the primary outcomes, this led to adopting a statistical significance cutoff of 0.004 in the covariate-adjusted difference in difference results. With only two secondary and two tertiary outcomes with enough sample sizes to allow for modeling, the FDR significance level adopted was 0.025 for each. In the discussion of results, we have also identified nonsignificant trends in the data, defined as those tests with p-values of less than 0.05 but not exceeding the threshold established using the FDR method to adjust for multiple significance tests. While these trends may suggest a practical difference that would be statistically significant with a larger sample size, 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.

RESULTS

Baseline Descriptive Statistics

For the descriptive statistics, we provide the characteristics for the full sample enrolled at baseline. This is because the control group families were offered intervention services after completion of the six-month assessment, and thus analyses will focus on that time point. As shown in Table 3, children who participated were on average 3.9 years old (range 0–8, with about equal-sized groups at each age), with a slight majority being female. The racial/ethnic background of families was largely minority (40 percent black, 40 percent other or mixed race, and 6% Hispanic) with only 13 percent identifying as white. Families reported a range of family incomes and an average exposure to two types of violence in the child's lifetime. There were no statistically significant differences observed between the intervention and control groups at baseline. In the sample of families that were retained in the study at six months, these characteristics were similar, despite relatively high attrition in the sample (data not shown). Comparison of those who were lost to follow-up and those who were retained revealed no statistically significant differences between the two groups (data not shown).

Table 3
Broward County Safe Start Sample Characteristics in the Baseline Assessment Sample*

	Combined		Treatment		Control		Test for Comparison P-Value
Child Characteristics	***N***	***Mean***	***N***	***Mean***	***N***	***Mean***	
Age	201	3.9	102	3.9	99	3.8	0.86
CR Violence Exposure	201	2.1	102	2.0	99	2.2	0.56
	N	***%***	***N***	***%***	***N***	***%***	
Gender							
Male	89	44.5	46	45.1	43	43.9	0.86
Female	111	55.5	56	54.9	55	56.1	
Race/Ethnicity							
Hispanic	13	6.5	2	2.0	11	11.1	0.05
White	26	12.9	12	11.8	14	14.1	
Black	81	40.3	45	44.1	36	36.4	
Other	81	40.3	43	42.2	38	38.4	
Caregiver Characteristics	***N***	***%***	***N***	***%***	***N***	***%***	
Family Income level							
Less than $5,000	29	16.0	18	19.6	11	12.4	0.54
$5,000–$10,000	16	8.8	5	5.4	11	12.4	
$10,001–$15,000	27	14.9	13	14.1	14	15.7	
$15,001–$20,000	27	14.9	14	15.2	13	14.6	
$20,001–$30,000	30	16.6	15	16.3	15	16.9	
More than $30,000	52	28.7	27	29.3	25	28.1	
Relationship to Child							
Parent-Guardian	191	95.0	98	96.1	93	93.9	0.49
Other Relationship	10	5.0	4	3.9	6	6.1	

NOTE: CR = Caregiver Report. Percentages may not total 100 percent because of rounding.

We also examine the Broward County sample at baseline on two outcomes (PTSD symptoms and parenting stress) to describe the level of severity on these indexes among families entering the project (Table 4). At baseline, the majority of caregivers (66 percent) reported symptoms of PTSD in the normal range for their children (80 percent for boys and 57 percent for girls), and about a third of parents reported parenting stress in the clinical range. For the different subscales, 29 percent reported parental distress in the clinical range, 31 percent reported parent-child dysfunctional interaction in the clinical range, and 34 percent reported difficult child items in the clinical range.

Table 4

Baseline Assessment Estimates for Broward County Safe Start Families

	Combined		Boys		Girls	
CR PTSD Symptoms for Ages 3–10	*N*	*%*	*N*	*%*	*N*	*%*
Normal	73	66	36	80	37	57
Borderline	6	5	2	4	4	6
Significant	31	28	7	16	24	37
CR Total Parenting Stress for Ages 0–12	*N*	*%*	*N*	*%*	*N*	*%*
Parental Distress—Clinical	58	29	19	21	39	35
Parent-Child Dysfunctional Interaction—Clinical	62	31	19	21	43	39
Difficult Child—Clinical	66	34	21	24	45	42
Total Stress—Clinical	66	34	24	27	42	39

NOTE: CR = Caregiver Report.

Finally, we examined differences between the intervention and control group at baseline for Broward County's primary, secondary, and tertiary outcomes (see this report's appendix). Primary outcomes include child PTSD and depressive symptoms, child behavior problems, caregiver-child relationship, and violence exposure for child and caregiver. There were no statistically significant differences between intervention and control groups on any of the primary outcome variables at baseline (see Table A.1, first column).

Broward County's secondary outcomes are measures of the child's social-emotional competence. As can be seen in Table A.2 (first column), there were no statistically significant differences between the two groups at baseline.

Broward County's tertiary outcomes included measures of the caregiver's everyday stressors and the child's school readiness/performance. No statistically significant differences were observed between groups at baseline (see Table A.3, first column).

Uptake, Dosage, and Process of Care

Family-level service data were recorded by the program on the follow-up Family Status Sheet and submitted at six-month intervals following initial enrollment (see Chapter Two of the main document [http://www.rand.org/pubs/technical_reports/TR991-1.html] for a description). Tables 5a and 5b below show the type and amount of services received by the families assigned to the intervention group. As described fully in the process evaluation report (Schultz et al., 2010), Broward County's FCT was intensive and home-based and could total several hours per week, with a mixture of individual, dyadic, and family therapy occurring during a visit. Thus, the

therapists recorded hours spent with the family in each type of activity, rather than counting a three-hour visit as one encounter.

Table 5a presents the results for 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 5a include services received by summing all time points reported by the program, which was six months for most participants in Broward Safe Start. Service data were available on 91 of the 102 initial Broward intervention group enrollees.

Table 5a
Services Received by Broward County Safe Start Intervention Families (Baseline Sample)

Service	Number with Service	Percentage with Service*	Range	Distribution	Mean	Median
Dyadic Therapy	3	3%	4–74	4 33% 19 33% 74 33%	32.3	11.5
Case Management	44	48%	1–65	1–8 32% 9–15 30% 16–25 23% >26 16%	15.3	13
Multidisciplinary Team	5	5%	1–6	1–2 40% 4–6 60%	3.8	3
Child Individual Therapy	41	45%	1–104	1–5 20% 6–11 24% 12–16 34% >16 22%	13.7	11.5
Family Therapy	56	62%	1–80	1–11 25% 12–19 29% 20–36 32% >36 14%	23.5	18

* The denominator is the 91 intervention group families with a follow-up Family Status Sheet at the six-month assessment point.

NOTE: Percentages may not total 100 percent because of rounding.

As shown in Table 5a, 58 of the 91 families (64 percent) received some services within the intervention, with an average of 46 hours of therapy and case management services. Specifically, the majority of families (62 percent) received family therapy, 48 percent received case management, 45 percent received individual child therapy, and 3–5 percent received dyadic therapy or multidisciplinary team meetings. The program reported information on the reason that the therapy services ended for 35 of the 91 families for whom we had data. Thirty (86 percent) of these families completed the

intervention successfully, and five were reported to drop out of these services or had services end for other reasons.

Table 5b shows the services received by the subgroup of intervention group families who participated in the six-month follow-up research assessment. These are the 59 families included in the intervention group in the outcome analyses sample for the Broward program. Table 5b shows the services they received during the six months between baseline and the six-month assessment.

Table 5b
Six-Month Services Received by Broward County Safe Start Intervention Families (Six-Month Analysis Sample)

Service	Number with Service	Percentage with Service*	Range	Distribution	Mean	Median
Dyadic Therapy	3	5%	4–74	4 33% 19 33% 74 33%	32.3	11.5
Case Management	43	73%	1–37	1–8 33% 9–15 28% 16–25 23% >26 16%	14.5	13.3
Multidisciplinary Team	5	8%	1–6	1–2 40% 4–6 60%	3.8	3
Child Individual Therapy	40	68%	1–45	1–5 18% 6–11 25% 12–16 35% >16 23%	12.5	11.6
Family Therapy	55	93%	1–80	1–11 24% 12–19 31% 20–36 33% >36 13%	23.1	17.5

* The denominator is the 59 intervention group families with a follow-up Family Status Sheet at the six-month assessment point and who participated in the six-month research assessment.

NOTE: Percentages may not total 100 percent because of rounding.

As shown in Table 5b, 57 of the 59 families (97 percent) assessed at six months received some services, with an average of 44 hours of therapy. Specifically, 93 percent received family therapy, 73 percent received case management, 68 percent received individual child therapy, and 5–8 percent received dyadic therapy or multidisciplinary team meetings. These data indicate that those retained in the study were the families that were more likely to engage in intervention services. Service ending data were available on 33 of the 59 families in the six-month analysis sample. The reasons for ending services looked very similar to those of the baseline sample, with available data

showing that 85 percent of families successfully completed the program (but, again, data were not available on all families).

Outcomes Analysis

We begin by examining differences in primary, secondary, and tertiary outcomes between the intervention and control group at the six-month assessment point. We then analyze changes in mean scores over time both within the intervention and control 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. Finally, we present descriptive data on families that received services, as compared with similar controls, on primary outcomes only.

Comparison of Means Between Groups

A summary of differences between the intervention and control group at each assessment point for Broward County's primary, secondary, and tertiary outcomes is depicted in this report's appendix (Tables A.1, A.2, and A.3). There were no statistically significant differences between the intervention and control groups on any of the outcome variables at six months.

Mean Differences over Time

Table 6 shows differences over time for Broward County's primary outcomes, comparing changes for each individual family between baseline and six months. Primary outcomes include child PTSD and depressive symptoms, child behavior problems, caregiver-child relationship, and violence exposure for child and caregiver. In the second column of numbers in Table 6, the mean change between six-month scores and baseline scores is shown for each group. The comparison here is whether there was significant change on the outcomes for the families in each group separately (rather than a comparison of one group with the other). Statistically significant changes (at the 0.05 significance level) in scores within groups were observed on several primary outcome variables, including reductions in the caregiver's report of parental distress, parent-child dysfunction, and total stress (for both groups) and in the caregiver's report on the difficult child scale (intervention only). In addition, statistically significant reductions were observed for most aspects of child and caregiver victimization, from baseline reports of lifetime victimization to the six-month report on victimization for the period of time between baseline and the follow-up assessment, as expected, for both groups, and for child assault in the control group. In addition to these significant within-group changes, one observable nonsignificant trend was noted in which caregivers in the intervention group reported reductions in child assault.

The statistical test of differences in differences in unadjusted models (third column in Table 6) compares the amount of mean change for the intervention group families with the amount of mean change for the control groups between the baseline and the six-month assessment. These comparisons revealed no statistically significant differences between the intervention and control groups, nor did the adjusted models (fourth column in Table 6). However, one observable nonsignificant trend was noted in which caregivers reported a smaller reduction in experiences of traumatic events other than domestic violence in the control group than in the intervention group. This difference did not exceed the more-stringent threshold by the FDR method.

Table 7 shows differences in mean scores over time for Broward County's secondary outcomes, which are measures of the child's social-emotional competence. The second column of results shows within-family mean changes between six-month and baseline scores for each group. A statistically significant increase in scores within groups was observed on the caregiver's report of child cooperation for the intervention group only. The statistical test of differences in differences in unadjusted models (third column in Table 7) compares the amount of mean change for the intervention group families with the amount of mean change for the control groups between the baseline and the six-month assessment. These comparisons revealed no statistically significant differences. However, one observable nonsignificant trend was noted on two measures: the caregiver's report of child assertion and self-control. In both cases there were observed increases in the intervention group, whereas there were decreases in the control group. However, neither of these differences was observed in the adjusted models (fourth column in Table 7). Moreover, we cannot rule out that these within-group differences across time may be due to chance because of the multiple significance tests being conducted (i.e., the group difference did not exceed the more-stringent statistical criterion set using the FDR method).

Table 8 shows differences in mean scores over time for Broward County's tertiary outcomes, which include measures of the caregiver's everyday stressors and the child's school readiness/performance. The second column of results shows within-family mean changes between six-month and baseline scores for each group. Two statistically significant decreases in the caregiver's report of his or her own resource problems and personal problems were observed in the control group only. In addition, an observable nonsignificant trend for decreases in the caregiver's personal problems was noted, as was an increase in the child's performance on one of the school readiness tests. However, these latter two differences did not exceed the more-stringent threshold by the FDR method. The statistical test of differences in differences in unadjusted

models (third column in Table 8) compares the amount of mean change for the intervention group families with the amount of mean change for the control groups between the baseline and the six-month assessment. These comparisons revealed no statistically significant differences between the intervention and control groups, nor did the adjusted models (fourth column in Table 8).

Safe Start Service Dosage and Changes in Primary Outcomes

To examine any effects of Safe Start service dosage on outcomes, we divided the Broward County intervention families into three dosage groups, as families tend to receive different amounts of services. The Safe Start intervention represented a package of services, rather than a single service of a specific type. Thus, we defined the overall Safe Start dose as a sum of all services together. Because the sample size already substantially reduced statistical power in these analyses, we were unable to further explore whether there may have been different impacts for the different services offered by the site. The variable defines a low dosage as 30 hours or less, a medium dosage as 31–50 hours, and a high dosage as more than 50 contacts. About a third of the sample fell into each of these groupings.

Since children and families with more need are likely to receive more services, we would expect this selection 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 control 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 control groups for each dosage group. Note that in this analysis, the full control group is used in the matching of each of the dosage levels.

Table 6
Changes in Means for Primary Outcome Variables Between Baseline and Six-Month Assessment and Group-Level Comparison of Mean Changes

Primary Outcome		N	Within-Family Mean Changes[a]	Group-Level Comparison of Mean Changes (Unadjusted Model)[b]	Group-Level Comparison of Mean Changes (Adjusted Model)[c]
PTSD Symptoms					
CR Child PTSD Symptoms for Ages 3–10	Intervention Control	34 14	–0.50 –0.14	–0.36	
Behavior/Conduct Problems					
CR Child Behavior Problems for Ages 1–18	Intervention Control	52 27	–0.11 –0.21	0.10	–0.03
Caregiver-Child Relationship					
CR Parental Distress for Ages 0–12	Intervention Control	59 35	–4.37 * –5.97 *	1.60	–1.21
CR Parent-Child Dysfunction for Ages 0–12	Intervention Control	59 35	–3.20 * –4.03 *	0.83	–0.88
CR Difficult Child for Ages 0–12	Intervention Control	59 35	–2.73 * –2.66	–0.07	–1.21
CR Total Parental Stress for Ages 0–12	Intervention Control	59 35	–10.31 * –12.66 *	2.35	–2.60
CR Family Involvement for Ages 6–12	Intervention Control	11 6	–2.82		
Violence Exposure					
CR Total Child Victimization Experiences for Ages 0–12	Intervention Control	59 35	–1.58 * –2.06 *	0.48	0.11
CR Child Maltreatment for Ages 0–12	Intervention Control	58 35	–0.34 * –0.40 *	0.06	–0.01
CR Child Assault for Ages 0–12	Intervention Control	58 35	–0.22 # –0.34 *	0.12	0.07
CR Child Sexual Abuse for Ages 0–12	Intervention Control	59 35	–0.05 –0.09	0.03	–0.01
CR Child Witnessing Violence for Ages 0–12	Intervention Control	58 32	–1.00 * –1.16 *	0.16	0.28

Table 6—continued

Primary Outcome		N	Within-Family Mean Changes[a]	Group-Level Comparison of Mean Changes (Unadjusted Model)[b]	Group-Level Comparison of Mean Changes (Adjusted Model)[c]
CR Caregiver Total Number of Traumatic Experiences	Intervention Control	59 35	–0.14 –0.20	0.06	0.12
CR Caregiver Experience of Any Non-DV Traumas[d]	Intervention Control	59 35	–0.05 * –0.26 *	0.21 #	0.09
CR Caregiver Experience of Any Domestic Violence[d]	Intervention Control	59 35	–0.51 * –0.54 *	0.03	–0.02

[a] This column reflects within-family mean changes between the baseline and six-month scores for each group separately. * indicates a significant paired t-test of differences over time.
[b] This column reflects the group-level comparison of within-family mean changes from baseline to six months. * indicates a significant t-test of group differences.
[c] This column reflects the estimate of the difference between the two groups' within-family mean change from baseline to six months, controlling for age, gender, ethnicity, income, and violence exposure at baseline. * indicates a significant test for the estimate.
[d] This outcome is a categorical variable, and the unadjusted within-family mean change and the group-level comparison are changes in proportion, while the covariate-adjusted group-level comparison is the difference proportions obtained from a linear probability model.
NOTE: CR = Caregiver Report. DV = domestic violence. # indicates a nonsignificant trend in the t-test ($p<0.05$ but does not meet the FDR correction threshold). 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.

Table 7
Changes in Means for Secondary Outcome Variables Between Baseline and Six-Month Assessment and Group-Level Comparison of Mean Changes

Secondary Outcome		N	Within-Family Mean Changes[a]	Group-Level Comparison of Mean Changes (Unadjusted Model)[b]	Group-Level Comparison of Mean Changes (Adjusted Model)[c]
Social-Emotional Competence					
CR Child Affective Strengths for Ages 6–12	Intervention Control	11 6	–0.91		
CR Child School Functioning for Ages 6–12	Intervention Control	11 6	–0.18		
CR Child Assertion for Ages 1–12	Intervention Control	52 27	0.16 –0.27	0.44 #	0.38
CR Child Self-Control for Ages 1–12	Intervention Control	52 27	0.29 –0.17	0.46	0.45
CR Child Cooperation for Ages 3–12	Intervention Control	32 12	2.47 * 0.75	1.72	

[a] This column reflects within-family mean changes between the baseline and six-month scores for each group separately. * indicates a significant paired t-test of differences over time.
[b] This column reflects the group-level comparison of within-family mean changes from baseline to six months. * indicates a significant t-test of group differences.
[c] This column reflects the estimate of the difference between the two groups' within-family mean change from baseline to six months, controlling for age, gender, ethnicity, income, and violence exposure at baseline. * indicates a significant test for the estimate.
NOTE: CR = Caregiver Report. # indicates a nonsignificant trend in the t-test ($p<0.05$ but does not meet the FDR correction threshold). 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.

Table 8
Changes in Means for Tertiary Outcome Variables Between Baseline and Six-Month Assessment and Group-Level Comparison of Mean Changes

Tertiary Outcome		N	Within-Family Mean Changes[a]	Group-Level Comparison of Mean Changes (Unadjusted Model)[b]	Group-Level Comparison of Mean Changes (Adjusted Model)[c]
Background and Contextual Factors					
CR Caregiver Resource Problems	Intervention	59	–1.24	1.28	0.29
	Control	35	–2.51 *		
CR Caregiver Personal Problems	Intervention	59	–2.39 #	1.72	–0.61
	Control	35	–4.11 *		
School Readiness/Performance					
Letter Word Identification for Ages 3–18	Intervention	28	1.04		
	Control	5			
Passage Comprehension for Ages 3–18	Intervention	21	–3.05		
	Control	5			
Applied Problems for Ages 3–18	Intervention	23	9.39 #		
	Control	7			

[a] This column reflects within-family mean changes between the baseline and six-month scores for each group separately. * indicates a significant paired t-test of differences over time.
[b] This column reflects the group-level comparison of within-family mean changes from baseline to six months. * indicates a significant t-test of group differences.
[c] This column reflects the estimate of the difference between the two groups' within-family mean change from baseline to six months, controlling for age, gender, ethnicity, income, and violence exposure at baseline. * indicates a significant test for the estimate.
NOTE: CR = Caregiver Report. # indicates a nonsignificant trend in the t-test ($p<0.05$ but does not meet the FDR correction threshold). 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.

Table A.4 shows the results of the propensity score-matching analyses for Broward County's primary outcomes (with the exception of child self-reported PTSD symptoms, caregiver-reported family involvement, and a low-dosage group for caregiver-reported PTSD symptoms, for which the sample size was too small). Across the outcome measures, the high-dosage group generally had mean scores in the expected direction, with higher scores on negatively directed outcomes and lower scores on positively directed outcomes. These findings show that the high-dosage group usually had more symptoms or problems and thus a greater need for services. The statistical test comparing the two groups on changes in mean scores between baseline and six months did not reveal any statistically significant differences between the intervention and control group for any of the dosage levels with an adequate group size. (Data on exposure to child sexual abuse is not reported, as there were no instances reported in any of the groups.)

CONCLUSIONS

Broward County's intensive, home-based intervention approach was evaluated in a randomized controlled trial comparing the intervention to a wait-list control group that received enhanced services as usual during the waiting period. In the study, the Safe Start program recruited 201 families but retained less than half of them of them at six months. The participants in the study were largely minorities and impoverished, with about 30 percent of children scoring in the clinical range for PTSD symptoms and about one-third of caregivers reporting parenting stress in the clinical range. Among those families retained at six months, 97 percent received some services, with an average of 44 hours of therapy.

Given the number of participants in this study, we had an 80-percent chance to detect medium-to-large effect size of 0.6 at six months. We expected a large intervention effect, given the intensity of the intervention. Intent-to-treat analyses showed that mean scores in the intervention and control groups were sometimes in the expected directions and sometimes in the opposite direction, but, overall, no statistically significant differences between groups over time were detected. Examination of families that received low, medium, and high doses of intervention services likewise did not reveal any statistically significant differences between families in the intervention and comparable families in the control group.

Overall, the results did not indicate that the Broward County Safe Start program improved outcomes for children over time, relative to the group of similar children who did not receive the Safe Start intervention. However, despite the rigorous randomized design, firm conclusions about the effectiveness of the Broward County Safe Start

program cannot be drawn based on these results. Although it is possible that the services as implemented in this study were not effective in improving outcomes for children in the intervention group relative to controls, there are several other possible explanations for the results presented here. The lack of difference between groups over time could reflect a lack of statistical power to observe a medium intervention effect of the program on the measured outcomes. That is, a larger sample size might have allowed for the detection of statistically significant changes associated with the Safe Start services. Further, the evaluation ended early because of funding constraints when the appropriation for Safe Start was curtailed, which may have affected the sample size. It is possible that interventions focused on violence could heighten a caregiver's sensitivity to and recognition of a child's symptoms and thus any intervention effect may be obscured by caregiver reports of increased or level symptoms. It is also possible that intervention effects may not be observable at the earlier follow-up time points that are examined here, particularly for interventions that may result in symptoms worsening temporarily before they improve. In this program, the control group received enhanced services during their involvement in the study. These enhanced services may have also served to reduce the amount of difference between the two groups. The inability to detect significant differences between the groups may also have been due to the particular outcomes measured. That is, the Broward County Safe Start program may have improved the lives of children and families in ways that were not measured (or were not measured adequately) in this study. Finally, low retention overall and differential retention in the two groups may mean that selection bias played a role in the outcomes observed. Specifically, families who were having difficulty may have been more difficult to reach and assess, thereby biasing means in those assessed. In sum, the work demonstrates the need for further evaluation of this intensive approach to improving outcomes for children exposed to violence.

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BROWARD COUNTY OUTCOMES APPENDIX

Table A.1
Comparison of Means for Broward County Primary Outcome Variables

		Baseline		Six Months	
Primary Outcome		**N**	**Mean**	**N**	**Mean**
PTSD Symptoms					
CR Child PTSD Symptoms for Ages 3–10	Intervention	61	40.57	34	38.91
	Control	55	39.75	15	38.73
SR Child PTSD Symptoms for Ages 8–12	Intervention	4		3	
	Control	5	6.20	4	
Depressive Symptoms					
SR Child Depressive Symptoms for Ages 8–18	Intervention	4		3	
	Control	6	5.50	4	
Behavior/Conduct Problems					
CR Child Behavior Problems for Ages 1–18	Intervention	89	–0.30	53	–0.48
	Control	88	–0.17	27	–0.39
Caregiver-Child Relationship					
CR Parent Distress for Ages 0–12	Intervention	102	28.38	59	23.98
	Control	99	29.12	35	25.14
CR Parent-Child Dysfunction for Ages 0–12	Intervention	101	22.88	59	19.54
	Control	99	23.64	35	20.49
CR Difficult Child for Ages 0–12	Intervention	102	28.24	59	25.54
	Control	99	27.99	35	25.77
CR Total Parenting Stress for Ages 0–12	Intervention	101	79.11	59	69.07
	Control	99	80.75	35	71.40
CR Family Involvement for Ages 6–12	Intervention	20	24.70	13	23.08
	Control	23	24.74	6	26.50
Violence Exposure					
CR Total Child Victimization Experiences for Ages 0–12	Intervention	102	1.98	59	0.56
	Control	99	2.15	35	0.40
CR Child Maltreatment for Ages 0–12	Intervention	101	0.41	59	0.12
	Control	98	0.42	35	0.09
CR Child Assault for Ages 0–12	Intervention	101	0.23	59	0.07
	Control	99	0.30	35	0.03
CR Child Sexual Abuse for Ages 0–12	Intervention	102	0.05	59	0.00
	Control	97	0.04	35	0.00
CR Child Witnessing Violence for Ages 0–12	Intervention	100	1.25	58	0.36
	Control	98	1.35	32	0.19
CR Caregiver Total Number of Traumatic Experiences	Intervention	102	0.19	59	0.08
	Control	98	0.29	35	0.09
CR Caregiver Experience of Any Non-DV Trauma	Intervention	102	0.16	59	0.05
	Control	99	0.26	35	0.06
CR Caregiver Experience of Any DV	Intervention	102	0.62	59	0.15
	Control	99	0.68	35	0.20

NOTES: CR = Caregiver Report; SR = Child Self-Report.
* indicates statistically significant (p-value<FDR significance criterion); # indicates nonsignificant trend (p<0.05 and >FDR significance criterion). Data are not shown for outcomes when the cell size is fewer than five for either group. Comparisons were not tested when the group size was fewer than ten for either group.

Table A.2
Comparison of Means for Broward County Secondary Outcome Variables

		Baseline			Six Months	
Secondary Outcome		**N**	**Mean**		**N**	**Mean**
Social-Emotional Competence						
CR Child Affective Strengths for Ages 6–12	Intervention	20	16.55		13	16.23
	Control	23	17.22		6	18.67
CR Child School Functioning for Ages 6–12	Intervention	20	19.55	#	13	19.23
	Control	23	22.83		6	23.17
CR Child Personal-Social Competence for Ages 0–2	Intervention	10	46.00		2	
	Control	7	45.00		1	
CR Child Assertion for Ages 1–12	Intervention	89	–0.17		53	0.03
	Control	88	–0.24		27	–0.31
CR Child Self-Control for Ages 1–12	Intervention	89	–0.08		53	0.29
	Control	88	–0.05		27	–0.03
CR Child Cooperation for Ages 3–12	Intervention	56	11.25		32	13.31
	Control	51	12.14		13	14.15

NOTES: CR = Caregiver Report. * indicates statistically significant (p-value<FDR significance criterion); # indicates nonsignificant trend (p<0.05 and >FDR significance criterion). Data are not shown for outcomes when the cell size is fewer than five for either group. Comparisons were not tested when the group size was fewer than ten for either group.

Table A.3
Comparison of Means for Broward County Tertiary Outcome Variables

		Baseline			Six Months	
Tertiary Outcome		**N**	**Mean**		**N**	**Mean**
Background and Contextual Factors						
CR Caregiver Resource Problems	Intervention	102	14.23		59	12.85
	Control	99	14.64		35	13.11
CR Caregiver Personal Problems	Intervention	102	24.24		59	21.20
	Control	99	25.23		35	22.89
School Readiness/Performance						
Letter Word Identification for Ages 3–18	Intervention	50	4.20		29	4.48
	Control	46	1.67		8	–2.25
Passage Comprehension for Ages 3–18	Intervention	42	7.52		25	6.20
	Control	42	4.62		7	0.14
Applied Problems for Ages 3–18	Intervention	45	–4.64		28	1.04
	Control	48	–7.60		9	–4.67

NOTES: CR = Caregiver Report. * indicates statistically significant (p-value<FDR significance criterion); # indicates nonsignificant trend (p<0.05 and >FDR significance criterion). Data are not shown for outcomes when the cell size is fewer than five for either group. Comparisons were not tested when the group size was fewer than ten for either group.

Table A.4
Changes in Means by Dosage Group for Broward County Primary Outcome Variables Between Baseline and Six-Month Assessment

Primary Outcome	Dosage	Group	N	Baseline Mean	Six-Month Mean	Difference
PTSD Symptoms						
CR Child PTSD Symptoms for Ages 3–10	Low	Intervention Control	0 0			
	Medium	Intervention Control	10 10	37.60 38.10	34.70 40.60	–5.40
	High	Intervention Control	10 10	33.30 35.00	35.60 36.10	1.20
Behavior/Conduct Problems						
CR Child Behavior Problems for Ages 1–18	Low	Intervention Control	9 9	0.02 0.07	–0.15 0.16	
	Medium	Intervention Control	13 13	–0.48 –0.49	–0.75 –0.33	–0.43
	High	Intervention Control	4 4	0.66 0.65	–0.46 –0.92	
Caregiver-Child Relationship						
CR Parental Distress for Ages 0–12	Low	Intervention Control	13 13	29.15 29.00	23.77 23.54	0.08
	Medium	Intervention Control	15 15	27.47 27.47	23.87 25.00	–1.13
	High	Intervention Control	19 19	29.37 29.37	24.53 24.79	–0.26
CR Parent-Child Dysfunction for Ages 0–12	Low	Intervention Control	10 10	18.60 18.60	18.20 17.80	0.40
	Medium	Intervention Control	10 10	23.40 23.20	19.60 22.30	–2.90
	High	Intervention Control	20 20	22.55 23.15	19.75 19.15	1.20
CR Difficult Child for Ages 0–12	Low	Intervention Control	15 15	27.73 29.47	26.60 26.67	1.67
	Medium	Intervention Control	18 18	26.33 26.67	24.94 23.28	2.00
	High	Intervention Control	16 16	27.63 27.69	22.63 26.50	–3.81
CR Total Parental Stress for Ages 0–12	Low	Intervention Control	11 11	79.64 80.00	70.91 67.64	3.64
	Medium	Intervention Control	10 10	80.00 80.30	72.10 72.90	–0.50
	High	Intervention Control	20 20	86.90 84.80	71.00 66.40	2.50

Table A.4—continued

Primary Outcome	Dosage	Group	N	Baseline Mean	Six-Month Mean	Difference
Violence Exposure						
CR Total Child Victimization Experiences for Ages 0–12	Low	Intervention Control	14 14	1.07 1.07	0.29 0.29	0.00
	Medium	Intervention Control	16 16	2.19 2.19	0.94 0.19	0.75
	High	Intervention Control	22 22	2.68 2.50	0.36 0.50	–0.32
CR Child Maltreatment for Ages 0–12	Low	Intervention Control	14 14	0.07 0.07	0.07 0.00	0.07
	Medium	Intervention Control	20 20	0.40 0.40	0.25 0.10	0.15
	High	Intervention Control	20 20	0.60 0.60	0.05 0.10	–0.05
CR Child Assault for Ages 0–12	Low	Intervention Control	14 14	0.07 0.07	0.07 0.00	0.07
	Medium	Intervention Control	20 20	0.15 0.15	0.15 0.00	0.15
	High	Intervention Control	20 20	0.30 0.30	0.00 0.05	–0.05
CR Child Sexual Abuse for Ages 0–12	Low	Intervention Control	15 15	0.00 0.00	0.00 0.00	0.00
	Medium	Intervention Control	19 19	0.05 0.05	0.00 0.00	0.00
	High	Intervention Control	22 22	0.05 0.05	0.00 0.00	0.00
CR Child Witnessing Violence for Ages 0–12	Low	Intervention Control	13 14	0.93 0.93	0.08 0.29	–0.20
	Medium	Intervention Control	20 20	1.55 1.55	0.55 0.35	0.20
	High	Intervention Control	22 22	1.41 1.41	0.32 0.32	0.00
CR Caregiver Total Number of Traumatic Experiences	Low	Intervention Control	15 15	0.07 0.07	0.00 0.07	–0.07
	Medium	Intervention Control	20 20	0.30 0.30	0.05 0.10	–0.05
	High	Intervention Control	22 22	0.18 0.18	0.18 0.09	0.09
CR Caregiver Experience of Any Non-DV Traumas	Low	Intervention Control	15 15	0.00 0.00	0.00 0.00	0.00
	Medium	Intervention Control	20 20	0.15 0.15	0.05 0.00	0.05
	High	Intervention Control	22 22	0.14 0.14	0.09 0.00	0.09

Table A.4—continued

Primary Outcome	Dosage	Group	N	Baseline Mean	Six-Month Mean	Difference
CR Caregiver Experience of Any Domestic Violence	Low	Intervention	15	0.73	0.13	0.07
		Control	15	0.73	0.07	
	Medium	Intervention	20	0.75	0.15	0.10
		Control	20	0.75	0.05	
	High	Intervention	22	0.55	0.14	0.00
		Control	22	0.55	0.14	

NOTES: CR = Caregiver Report; DV = domestic violence. * indicates statistically significant (p-value<FDR significance criterion). Data are not shown for outcomes when the cell size is fewer than five for either group. Comparisons were not tested when the group size was fewer than ten for either group.