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TECHNICAL REPORT

National Evaluation of Safe Start Promising Approaches

Results Appendix O: Washington Heights/ Inwood, New York

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

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WASHINGTON HEIGHTS / INWOOD, NEW YORK, SAFE START OUTCOMES REPORT

ABSTRACT

The Washington Heights/Inwood Safe Start program implemented a Child-Parent Psychotherapy (CPP) intervention for younger children and Kids' Club, a group-based intervention, for older children. Kids' Club also included a concurrent intervention for their mothers to improve outcomes for children exposed to violence. A full description of the interventions can be found in *National Evaluation of Safe Start Promising Approaches: Assessing Program Implementation* (Schultz et al., 2010). The program planned a randomized controlled trial of their interventions, with randomization occurring at the family level, and a six-month wait-list control group; however, the experiment was not implemented as planned. Instead, after randomization, some families on the waiting list received Safe Start and other services during the waiting period. Without a valid comparison or control group, the resulting study can only describe changes in those receiving one of the two interventions, but any changes observed cannot be attributed to participation in the intervention.

Washington Heights/Inwood Safe Start delivered CPP to 38 families, and 61 percent of them participated in the six-month research assessment. Within the CPP intervention group, baseline descriptive statistics showed that the children receiving this service were on average 4.1 years old, with caregivers reporting 3.0 types of violence exposure on average. The majority of children were male (55 percent), Hispanic (74 percent), and impoverished. Forty-five percent of enrolled children had reported baseline posttraumatic stress disorder (PTSD) symptoms that fell in the "significant" range, and 74 percent of enrolled caregivers had levels of parental stress that fell in the "clinical" range. Most participants received fewer than the recommended number of sessions, with a median of ten sessions.

Program staff delivered Kids' Club to 31 families, with just 32 percent of these families participating in the six-month research assessment. Within the Kids' Club intervention group, baseline descriptive statistics showed that children receiving this service were on average 8.7 years old, with caregivers

reporting 3.3 types of violence exposure on average. The majority of children were female (58 percent), Hispanic (84 percent), and impoverished. Twenty-four percent of enrolled children had reported baseline PTSD symptoms that fell in the significant range, and 61 percent of enrolled mothers' levels of parental stress fell in the clinical range. The majority of families took part in each type of service (77 percent for Kids' Club and 74 percent for the concurrent parent group), with a median of about eight sessions of each.

Within-group changes between baseline and the six-month assessment showed a few significant differences in either intervention group, both on indexes of violence exposure. On these measures, however, a decrease would be expected regardless of the availability of the intervention because the baseline observation period was considerably longer than the six-month window covered by the first follow-up research assessment. Nonetheless, without a control group, observations about changes in the intervention group, or the lack thereof, cannot be interpreted as resulting from the intervention. In short, the Washington Heights/Inwood Safe Start interventions could not be evaluated fully in this study. Additional research will be needed to determine if these interventions can be helpful in improving child outcomes.

INTRODUCTION

The Washington Heights/Inwood Safe Start program, called the Family PEACE (Promoting, Educating, Advocacy, Collaboration, and Empowerment) Program, was designed to provide services to children exposed to domestic violence in Community District 12 of Northern Manhattan, composed of the neighborhoods of Washington Heights and Inwood. High rates of poverty, low educational attainment, high unemployment, and high rates of domestic violence were evident in this community prior to the beginning of the Safe Start program. In 2002, half of Manhattan's reported incidents of domestic violence came from the Washington Heights/Inwood community, with over 5,000 domestic incident reports filed (New York Presbyterian Hospital, 2004). The Administration for Children's Services (ACS) and New York Presbyterian Hospital both conducted needs assessments and found that 5 percent of pediatric primary care patients had been exposed to domestic violence and 19 percent of children in the ACS system had a history of exposure to domestic violence (New York Presbyterian Hospital, 2004). While awareness of these issues spurred the development of

several programs targeting domestic violence, few of them focused specifically on the well-being of children.

Recognition of the need for additional and more-coordinated programs to improve the well-being of children exposed to violence prompted the creation of the Safe Start program. This more-coordinated community approach sought to increase identification of children exposed to violence and to implement evidence-based interventions for these children and their mothers. The evidence-based programs included CPP for young children, a group-based intervention for older children based on Sandra Graham-Bermann's Kids' Club, and a group-based intervention for the older children's mothers based on a model called Reflective Functioning Parenting Program (Grienenberger et al., 2005). The plan for implementation was that CPP would be offered to children ages 0–5 and the two groups would be offered to children ages 6–12. However, as discussed in the following paragraphs, actual implementation varied a bit from that plan, with broader age ranges served with each type of intervention. In earlier evaluations of CPP, Lieberman, Van Horn, and Ghosh Ippen (2005) showed medium intervention effects on PTSD symptoms and behavior problems (0.63 and 0.64, respectively). While the Kids' Club had been evaluated and deemed efficacious (Graham-Bermann, 2000) in the past, the modified version implemented by the Safe Start program had not been evaluated previously. In addition, the adapted version of the parent group had not been evaluated in the past.

The outcomes evaluation detailed here presents data relevant to the question of whether the Washington Heights/Inwood Safe Start program, as implemented within this project, improves outcomes for children exposed to violence.

WASHINGTON HEIGHTS / INWOOD SAFE START

- **Intervention types:** CPP; Kids' Club and concurrent Reflective Parent Group
- **Intervention length:** CPP: approximately one year; Kids' Club and concurrent Reflective Parent Group: 12 weeks
- **Intervention setting:** Outpatient hospital clinic-based services
- **Target population:** Children exposed to domestic violence
- **Age range:** 0–12; CPP for younger children and Kids' Club and Reflective Parent Group for older children
- **Primary referral sources:** Domestic and Other Violence Emergencies (DOVE), Administration for Children's Services (ACS), Mayor's Office to Combat Domestic Violence (OCDV), New York District Attorney's Office of Family Violence and Child Abuse Bureau, CONNECT's Family Violence Prevention Program, Manhattan/Harlem Legal Services, HELP USA, Northern Manhattan Improvement Corporation (NMIC), Columbia Head Start, and medical and social work professionals from New York Presbyterian Hospital

INTERVENTION

All families referred to the Safe Start program received an intake assessment focusing on biological, social, and psychological functioning, as well as eligibility for the program, immediate safety and case management needs, and need for intervention. The Safe Start intervention model, which was to be immediately provided to families assigned to the treatment group, included two main components: CPP for children ages 0–5 and Kids' Club and a concurrent Reflective Functioning Parenting Group for children ages 6–12. The intervention period lasted approximately one year for CPP and 12 weeks for the child and parent groups. All services were provided by Safe Start staff based at one of the community health clinics. Program elements are described briefly in the

following paragraphs. For a full description of the interventions as they were delivered, see Schultz et al. (2010).

CPP is a relationship-based intervention designed for use with children up to age 6. It can be used with any child whose relationship to their parent or other primary caregiver is impacted by negative circumstances, including family violence. CPP integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social learning theories (NCTSN, 2008). There are two components in CPP: assessment and treatment, with information gained during the assessment component used to inform the treatment component. In the intervention component, child-parent interactions are the focus of six intervention modalities aimed at establishing a sense of mastery, security, and growth and promoting congruence between bodily sensations, feelings, and thinking on the part of both child and parent and in their relationship with one another (NCTSN, 2008). In earlier evaluations of CPP, Lieberman, Van Horn, and Ghosh Ippen (2005) showed medium intervention effects on PTSD symptoms and behavior problems (0.63 and 0.64, respectively). In the Washington Heights/Inwood program, the therapy was planned to be held weekly for 52 weeks (one hour per session), and families would be considered to have completed treatment if they attended at least 25 sessions in total and/or the treatment goals were met. Therapy could be extended beyond 52 weeks if clinically indicated.

Kids' Club was designed to reduce the impact of the exposure to domestic violence on older children, as well as to reduce the risk of repeated violence. The program was developed by Sandra Graham-Bermann and includes ten group sessions based on three theoretical frameworks: social learning theory, attachment theory, and trauma theory (Graham-Bermann, 2000). The sessions targeted children's knowledge about domestic violence; their attitudes and beliefs about families, relationships, and family violence; their emotional adjustment; and their social behavior. The Safe Start program implemented a slightly modified version of the program. They documented these changes in an updated manual used within the program. The Kids' Club sessions were planned to take place once per week for 90 minutes over 12 weeks. Successful completion of the program was defined as attendance of nine or more sessions.

While children attended the Kids' Club, their mothers attended the Reflective Functioning Parenting Group. The meetings were held at the same

time, on the same schedule, also consisting of 12 weekly 90-minute sessions. This model, designed by John Grienenberger, is intended to provide a step-by-step method for enhancing parent-child attachment relationship in the context of specific parenting issues (Grienenberger et al., 2005; Slade, 2006). A combination of instructive information and activities, including homework assignments, its primary goal was to help parents understand and respect their children's own independence and point of view and guide parents to understand their children's behavior as a response to underlying feelings, thoughts, and attitudes.

Efforts to monitor the quality of the program included having the therapists and staff running the groups trained in the intervention practices at the beginning of the project. For CPP, the therapists were trained by one of the developers (Patricia Van Horn). Individual and group supervision was provided by an on-site supervisor who had prior training and experience in delivering this model and was later augmented by consultation with the developer as needed. Some supervision was conducted jointly with the Bronx Safe Start site three times per month. Additionally, the program participated in a National Learning Collaborative provided by CPP developers, in which ongoing technical assistance, peer-to-peer support, and expert consultation were provided. For Kids' Club, the program manager at the beginning of the project had prior experience with this model and conducted the training and supervision for the staff running the groups. For the parent reflective groups, the mental health director provided training for staff using a curriculum that incorporated domestic violence and reflective functioning. The program manager was trained by model developer Dr. Grienenberger in the third year of the project.

METHOD

Design Overview

The design of this study was planned as two separate randomized controlled trials, one for CPP therapy for children age 5 and younger and the second for Kids' Club group intervention for children ages 6 to 12. Randomization for both was planned at the family level and utilized a six-month wait-list control group. However, late in the study period the research team discovered that some families assigned to the control waiting list had received Safe Start services during the six-month waiting period. To understand the extent

of the damage to the planned randomization strategy, a thorough audit was performed to detail the exact services each family received. Because the random assignment was not consistently adhered to by program staff, any comparison based on randomization would not be valid. Instead, we retroactively grouped families according to the services they received and observed outcomes within the treatment groups only. Outcomes were assessed at baseline, six, 12, 18, and 24 months. Study enrollment took place between July 2006 and March 2009.

Evaluation Eligibility Criteria

Children age 12 and younger who spoke English or Spanish and had been exposed to domestic violence were eligible for this program. Children's exposure included child intervention in domestic violence between adults, victimization, participation in the violence, eye-witnessing, hearing assaults, experiencing the aftermath of violence, or overhearing conversations about assault. This program focused on the domestic violence committed against the child's mother perpetrated by a current or former partner.

Families were excluded if an assault involved a deadly weapon or injury or if choking to the point of unconsciousness had occurred within the past six months and the partners had not separated. Also, mothers and children were excluded and referred elsewhere if it was deemed that they needed more intensive mental health treatment than could be provided by the program.

When there was more than one child in the eligible age range, the target child who would be the focus of the research assessments was selected by the child's mother based on the mother's level of concern for the target child secondary to the impact of violence that was experienced.

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. One group of children was recruited from birth up to 2 years of age, the second group was between the ages of 3 and 6, and the last group was between

the ages of 7 and 12. This randomization plan, however, was not successfully executed. The first 13 children enrolled in the study were inappropriately assigned because of error in following the prescribed randomization procedures. Moreover, as noted previously, some families assigned to the waiting list were offered services during the waiting period, negating the random assignment completely. Thus, the data are not presented here by randomized condition but rather by the services they ultimately received, regardless of condition originally assigned. Because those who received no services would likely differ systematically from those who did, there was no valid control group, and data are not presented from the group that did not receive services.

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 Washington Heights/Inwood Safe Start intervention, the outcomes were prioritized as shown in Table 1a (CPP intervention) and 1b (Kids' Club intervention).

Table 1a
Prioritized Outcome Measures for Washington Heights/Inwood Safe Start (CPP)

Primary Outcome Measures			
Domain	***Source/Measure***	***Age of Child***	***Respondent***
PTSD Symptoms	Trauma Symptom Checklist for Young Children	3–5 years	Caregiver
Behavior/Conduct Problems	BITSEA and Behavior Problem Index	1–5 years	Caregiver
Social-Emotional Competence	ASQ	0–2 years	Caregiver
Social-Emotional Competence	BITSEA and SSRS (Assertion and Self-Control)	1–5 years	Caregiver
Caregiver-Child Relationship	Parenting Stress Index	All	Caregiver
Secondary Outcome Measures			
Domain	***Measure***	***Age of Child***	***Respondent***
Social-Emotional Competence	SSRS (Cooperation)	3–5 years	Caregiver
Violence Exposure	Juvenile Victimization Questionnaire	All	Caregiver
Violence Exposure	Caregiver Victimization Questionnaire	All	Caregiver
Tertiary Outcome Measures			
Domain	***Measure***	***Age of Child***	***Respondent***
School Readiness/Performance	Woodcock-Johnson III	3–5 years	Child
Background and Contextual Factors	Everyday Stressors Index	All	Caregiver

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

Table 1b
Prioritized Outcome Measures for Washington Heights /Inwood Safe Start (Kids' Club)

Primary Outcome Measures			
Domain	***Source/Measure***	***Age of Child***	***Respondent***
PTSD Symptoms	Trauma Symptom Checklist for Young Children	6–10 years	Caregiver
PTSD Symptoms	Trauma Symptom Checklist for Children	8–12 years	Child
Depressive Symptoms	Children's Depression Inventory	8–12 years	Child
Behavior/Conduct Problems	Behavior Problem Index	All	Caregiver
Secondary Outcome Measures			
Domain	***Measure***	***Age of Child***	***Respondent***
Caregiver-Child Relationship	Parenting Stress Index	All	Caregiver
Violence Exposure	Juvenile Victimization Questionnaire	All	Caregiver
Violence Exposure	Juvenile Victimization Questionnaire	11–12 years	Child
Violence Exposure	Caregiver Victimization Questionnaire	All	Caregiver
Tertiary Outcome Measures			
Domain	***Measure***	***Age of Child***	***Respondent***
Behavior/Conduct Problems	Delinquency Items	11–12 years	Child
Social-Emotional Competence	BERS-2 (School Functioning, Affective Strengths)	All	Caregiver
Social-Emotional Competence	BERS-2 (School Functioning, Affective Strengths)	11–12 years	Child
Social-Emotional Competence	BITSEA and SSRS (Assertion and Self-Control)	All	Caregiver
Social-Emotional Competence	SSRS (Cooperation)	All	Caregiver
Caregiver-Child Relationship	BERS-2 (Family Involvement)	All	Caregiver
Caregiver-Child Relationship	BERS-2 (Family Involvement)	11–12 years	Child
School Readiness/Performance	Woodcock-Johnson III	All	Child

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

Enrollment and Retention

Several community agencies referred children exposed to domestic violence to the Washington Heights/Inwood Safe Start program. These comprised a variety of organizations and individuals, including child welfare services, domestic violence shelters, pediatricians, psychologists, social workers, early education programs, and advocacy organizations. In the third year of implementation, the program expanded its referral pool to increase the number of referrals received. Once a referral was received and screened for eligibility, the program manager assigned the case to a data collector so that the baseline assessment could be scheduled and completed in the clinic. After the assessment, the intake coordinator implemented the random assignment procedures and informed the referring party about the results (however, note that while families were randomized as planned, services were sometimes provided to families assigned to the control group as described above).

According to data submitted on its Quarterly Activity Reports, Washington Heights/Inwood Safe Start enrolled 50 percent of the families referred to the program. The most common reasons that families did not enroll were caregiver-related issues, such as lack of interest (34 percent), inability to locate (16 percent), and other issues (16 percent). Three percent of the families did not enroll because of child refusal.

Construction of Study Samples

Initially, there were 62 families enrolled in the intervention group and 54 families randomized to the waitlist control group. Because of the contamination of the control group (discussed previously), the sample included in this report had to be constructed retroactively (unlike the other research designs discussed in this series of reports). In constructing the sample that would be included in these analyses, RAND research team members worked with program staff to conduct a review of the service records of all of the 116 families who were initially enrolled in the study.

This review revealed that 38 initially enrolled children/families had received CPP in varying dosages. These 38 families constituted the CPP intervention sample for the study. The Safe Start service records indicated that 31 families had participated in Kids' Club to varying degrees. These 31 families constituted the Kids' Club sample for the analyses reported here. Details about

the amount of services provided to children and families in both the CPP and the Kids' Club service groups are described in detail in a subsequent section.

In Table 2, we present the number and percentage of enrollees who received at least one CPP or Kids' Club service after initial study enrollment, presented by eligibility for participation at each data collection time point. As noted, retention among those who began each of the interventions was low, with only 61 percent of those participating in CPP and 32 percent of those participating in Kids' Club reassessed at six months, and fewer retained at the subsequent follow-ups. Taking attrition into account, the CPP group was reduced to 23, nine, five, and two caregiver assessments at six, 12, 18, and 24 months, respectively. The Kids' Club/Reflective Parenting Group families were reduced to ten, three, one, and one caregiver assessments at six, 12, 18, and 24 months, respectively (see Table 2).

Washington Heights/Inwood Kids' Club's low retention at the six-month follow-up assessment increases the potential for biased results. This degree of attrition 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.

Table 2
Attrition for 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**
CPP								
Received	23	9	5	2	17	9	5	2
Expected*	38	14	11	6	28	12	10	6
Retention Rate	61%	64%	45%	33%	61%	75%	50%	33%
Kids' Club								
Received	10	3	1	1	10	2	2	1
Expected*	31	14	10	7	30	14	10	7
Retention Rate	32%	21%	10%	14%	33%	14%	20%	14%

* 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

First, we conducted descriptive analyses to summarize the sample characteristics: age, gender, race or ethnicity, the family income level, and the child's violence exposure at baseline. With the lack of a control group, we present the means for each group of treated children separately.

Next, for the outcome analysis, we present baseline and follow-up estimates of primary, secondary, and tertiary outcomes for both intervention groups when the sample size is greater than or equal to five. We examined change in the intervention group over time without any adjustment for a comparison group. Thus, these results will not allow us to disentangle the intervention effect from a simple time trend.

We examined outcomes using an intent-to-treat approach, which includes in analyses all families in an intervention grouping, regardless of the amount of services received. Ideally, analyses would take into account the type and amount of services received to account for dosage variability. However, there were not enough families in this site's sample in order to proceed with this type of analysis. Thus, the findings presented here on the entire intervention sample may obscure important subgroup differences by service dose received.

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 using an FDR of 0.05. For instance, with eight within-group t-tests conducted for CPP primary outcomes, this led to adopting a statistical significance cutoff of 0.006. 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 enrolled intervention sample at baseline, where the sample size is large enough to examine differences across time. As shown in Table 3a, the baseline sample for those who received CPP was composed of 55 percent males and an average age of 4.4 years (ranging from birth to 12, with about half ages 3 and 4), a larger age range than had been planned originally. Children in the sample were described by caregivers as predominately Hispanic (74 percent), with some black (13 percent) or other race/ethnicity children (13 percent). Most children's families had low incomes. Caregivers reported that the children had been exposed to an average of 3 types of violence in their lives prior to the baseline assessment. In contrast, those who received Kids' Club were mostly female (58 percent), an average of 8.7 years old (ranging between ages 3 and 12, with about half between the ages of 9 and 12), and had caregivers reporting exposure to a lifetime average of 3.3 violent events at baseline. Again, children who received these services had a broader age range than was originally planned.

Table 3
Washington Heights/Inwood CPP and Kids' Club Safe Start Sample Characteristics for Families in Baseline Assessment Sample*

Washington Heights/Inwood CPP Baseline Assessment Estimates			Washington Heights/Inwood Kids' Club Baseline Assessment Estimates		
Child Characteristics	***N***	***Mean***	***Child Characteristics***	***N***	***Mean***
Age	38	4.1	Age	31	8.7
CR Violence Exposure	38	3.0	CR Violence Exposure	31	3.3
SR Violence Exposure	1	6.0	SR Violence Exposure	7	5.1
	N	***%***		***N***	***%***
Gender			***Gender***		
Male	21	55.3	Male	13	41.9
Female	17	44.7	Female	18	58.1
Race/Ethnicity			***Race/Ethnicity***		
Hispanic	28	73.7	Hispanic	26	83.9
White	0	0.0	White	2	6.5
Black	5	13.2	Black	1	3.2
Other	5	13.2	Other	2	6.5
Caregiver Characteristics	***N***	***%***	***Caregiver Characteristics***	***N***	***%***
Family Income Level			***Family Income Level***		
Less than $5,000	11	50.0	Less than $5,000	7	31.8
$5,000–$10,000	4	18.2	$5,000–$10,000	3	13.6
$10,001–$15,000	3	13.6	$10,001–$15,000	4	18.2
$15,001–$20,000	0	0.0	$15,001–$20,000	1	4.5
$20,001–$30,000	2	9.1	$20,001–$30,000	4	18.2
More than $30,000	2	9.1	More than $30,000	3	13.6
Relationship to Child			***Relationship to Child***		
Parent-Guardian	38	100.0	Parent-Guardian	30	96.8
Other Relationship	0	0.0	Other Relationship	1	3.2

NOTES: CR = Caregiver Report; SR = Child Self-Report. Percentages may not total 100 percent because of rounding.

We also examine the Washington Heights/Inwood 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 (Tables 4a and 4b). At baseline, caregivers of children who received CPP reported PTSD symptoms that fell in the significant range for 38 percent of boys and 50 percent of girls (see Table 4a). For the caregiver-child relationship, 76 percent of the sample had total stress levels that fell in the clinical range (81 percent for boys and 69 percent for girls). For the different subscales, 71 percent of the sample had clinical levels on the parental distress subscale, 50 percent had clinical levels on the parent-child dysfunctional interaction subscale, and 57 percent had clinical levels on the difficult child subscale.

Table 4a
Baseline Assessment Estimates for Washington Heights/Inwood CPP Families

	Combined		Boys		Girls	
CR PTSD Symptoms for Ages 3–10	*N*	*%*	*N*	*%*	*N*	*%*
Normal	11	50	4	50	7	50
Borderline	1	5	1	13	0	0
Significant	10	45	3	38	7	50
CR Total Parenting Stress for Ages 0–12	*N*	*%*	*N*	*%*	*N*	*%*
Parental Distress—Clinical	27	71	16	76	11	65
Parent-Child Dysfunctional Interaction—Clinical	19	50	10	48	9	53
Difficult Child—Clinical	21	57	12	57	9	56
Total Stress—Clinical	28	76	17	81	11	69

NOTE: CR = Caregiver Report.

For participants in Kids' Club, at baseline caregivers reported PTSD symptoms that fell in the significant range for 29 percent of boys and 20 percent of girls (see Table 4b). For the caregiver-child relationship, 58 percent of the sample had total stress levels that fell in the clinical range (85 percent for boys and 39 percent for girls). For the different subscales, 61 percent of the sample had clinical levels on the parental distress subscale, 42 percent had clinical levels on the parent-child dysfunctional interaction subscale, and 55 percent had clinical levels on the difficult child subscale.

Table 4b
Baseline Assessment Estimates for Washington Heights/Inwood Kids' Club Families

	Combined		Boys		Girls	
CR PTSD Symptoms for Ages 3–10	*N*	*%*	*N*	*%*	*N*	*%*
Normal	13	76	5	71	8	80
Borderline	0	0	0	0	0	0
Significant	4	24	2	29	2	20
CR Total Parenting Stress for Ages 0–12	*N*	*%*	*N*	*%*	*N*	*%*
Parental Distress—Clinical	19	61	10	77	9	50
Parent-Child Dysfunctional Interaction—Clinical	13	42	9	69	4	22
Difficult Child—Clinical	17	55	10	77	7	39
Total Stress—Clinical	18	58	11	85	7	39

NOTE: CR = Caregiver Report.

Uptake, Dosage, and Process of Care

Family-level service data were documented through a review of participant service records because data provided on the program-documented Family Status Sheets did not always accurately reflect services documented in the client service records, with the latter presumably more accurate. For research purposes, we used these service records to identify children who had received either CPP or Kids' Club, as described earlier. Once these children were identified, we examined the type and amount of services received (as shown in Tables 5a and 5b). As described fully in the national Safe Start process evaluation report (Schultz et al., 2010), we focused on these two services because they were the primary services under study at the Washington Heights/Inwood Safe Start site.

Table 5a presents the results for services received for all families who received at least one CPP session, regardless of whether they continued to participate in the ongoing research assessments. The data displayed in Table 5a include services received by summing all assessment time points reported by the program, with a maximum of 12 months of service provision. As shown in Table 5a, by sample definition, all of these families received at least one CPP session, with an average of 15 sessions. Seven families (18 percent) received auxiliary services (e.g., child or caregiver individual or group therapy), with a median of ten sessions.

Table 5a
Services Received by Washington Heights/Inwood (CPP) Safe Start Intervention Families

Service	Number with Service	Percentage with Service*	Range	Distribution	Mean	Median
Dyadic Therapy (CPP)	38	100%	1–45	1–6 37% 7–12 18% 13–24 21% >24 24%	14.5	10
Auxiliary Services	7	18%	1–40	1–3 29% 8–11 29% >28 43%	17.3	9.5

* The denominator is the 38 families in the CPP-only analysis group reported to have received CPP and any other services except Kids' Club and/or Reflective Functioning Parenting Group at the six- or 12-month assessment point.

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

Table 5b presents the results for services received for all families who received at least one Kids' Club intervention service, regardless of whether they continued to participate in the ongoing research assessments. The data displayed in Table 5b include services received by summing all assessment time points reported by the program, with a maximum of 12 months of service provision. By definition, all families in this group received either Kids' Club or Reflective Functioning Parenting Group. About three-quarters received each type of service, with an average of about eight sessions of each. Table 5b shows that the vast majority of these families received both Kids' Club (77 percent) and Reflective Functioning Parenting Group (74 percent). In some cases, siblings participated in Kids' Club (45 percent) and/or caregivers received Reflective Functioning Parenting Group with the siblings (32 percent). Four families (13 percent) received auxiliary services, with a median of 14 sessions.

Table 5b
Services Received by Washington Heights/Inwood (Kids' Club) Safe Start Intervention Families

Service	Number with Service	Percentage with Service*	Range	Distribution	Mean	Median
Target Child Group Therapy (KC)	24	77%	1–19	1–3 25% 4–8 21% 9–12 42% >12 13%	8.0	8.5
Caregiver Group Therapy (RFPG) with Target Child	23	74%	1–19	1–3 26% 4–8 22% 9–12 39% >12 13%	7.8	8.3
Sibling Child Group Therapy (KC)	14	45%	2–19	2–4 21% 5–8 36% 9–11 29% >11 14%	8.0	6.5
Caregiver Group Therapy (RFPG) with Sibling Child	10	32%	4–14	4–5 30% 8–9 40% >10 30%	8.3	8.0
Auxiliary Services	4	13%	4–36	4–14 50% 24 -36 50%	19.5	14

* The denominator is the 31 families in the Kids' Club analysis group reported to have received Kids' Club and/or Reflective Functioning Parenting Group sessions and any other services except CPP at the six- or 12-month assessment point.

NOTES: KC = Kids' Club; RFPG = Reflective Functioning Parenting Group. Percentages may not total 100 percent because of rounding.

Record review determined the reason that the services ended for 29 of the 38 families who received any CPP services and 30 of the 31 families who received Kids' Club and/or Reflective Functioning Parenting Group services. In the CPP group, only four families (14 percent) were reported to successfully complete the CPP intervention. The remaining 25 families (86 percent) dropped out or otherwise ended services early. The majority of the families in the Kids' Club group (57 percent) were reported to successfully complete the Kids' Club and/or Reflective Functioning Parenting Group intervention. However, 13 of these families (43 percent) dropped out or otherwise ended services early.

Outcomes Analysis

Given that there was no control group for this study, we can only describe here changes within each of the two intervention groups over time. Low sample sizes at follow-up meant that only changes between baseline and six months could be described. For Kids' Club, only two outcomes could be examined in this manner. Comparison of means between groups was not possible, nor was examination of any intervention effect via differences in differences analyses.

Mean Differences over Time for CPP

Table 6 shows differences over time for Washington Heights/Inwood's primary outcomes within the CPP program, comparing changes for each individual family between baseline and six months. Primary outcomes included child PTSD symptoms and behavior problems and aspects of social-emotional competence and the caregiver-child relationship. 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). No statistically significant changes in scores within groups were observed on the primary outcome variables. However, two observable nonsignificant trends in the expected direction were noted, showing a reduction in caregiver report of child behavior problems and an increase in caregiver report of child self-control. However, because of the multiple significance tests being conducted, this trend did not reach statistical significance and thus may be due to chance.

Table 7 shows differences in mean scores over time for the CPP intervention's secondary outcomes. Secondary outcomes included caregiver report of child cooperation and of child and own victimization experiences. The second column of results shows within-family mean changes between six-month and baseline scores for each group. Statistically significant changes in scores were observed for the caregiver's report of the child's violence exposure and the caregiver's exposure to domestic violence, as would be expected given differences in the time frame (baseline assessments covered a longer time period than the six-month assessments). In addition, one observable nonsignificant trend was noted for a reduction in the caregiver's own total traumatic experiences. Again, this difference would be expected because of different reference periods for the baseline and follow-up assessments. Further, because of the multiple significance tests being conducted, this trend did not reach statistical significance and thus may be due to chance.

Table 8 shows differences over time for the CPP intervention's tertiary outcomes. Tertiary outcomes included caregiver resource problems and the child's school readiness/performance. There were no statistically significant within-family mean changes in scores from baseline to six months.

Table 6
Changes in Intervention Group Means for Primary Outcome Variables Between Baseline and the Six-Month Assessment (CPP)

Primary Outcome	N	Within-Family Mean Changes[a]
PTSD Symptoms		
CR Child PTSD Symptoms for Ages 3–10	14	0.21
Behavior/Conduct Problems		
CR Child Behavior Problems for Ages 1–18	21	–0.43 #
Social-Emotional Competence		
CR Child Assertion for Ages 1–12	20	–0.03
CR Child Self-Control for Ages 1–12	20	0.29 #
Caregiver-Child Relationship		
CR Parental Distress for Ages 0–12	22	–3.59
CR Parent-Child Dysfunction for Ages 0–12	22	–1.82
CR Difficult Child for Ages 0–12	22	–2.14
CR Total Parental Stress for Ages 0–12	22	–7.55

[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.
NOTES: 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.

Table 7
Changes in Intervention Group Means for Secondary Outcome Variables Between Baseline and the Six-Month Assessment (CPP)

Secondary Outcome	N	Within-Family Mean Changes[a]
Social-Emotional Competence		
CR Child Cooperation for Ages 3–12	10	0.20
Violence Exposure		
CR Total Child Victimization Experiences for Ages 0–12	22	–1.91 *
CR Child Maltreatment for Ages 0–12	22	–0.50 *
CR Child Assault for Ages 0–12	22	–0.59 *
CR Child Sexual Abuse for Ages 0–12	21	0.00
CR Child Witnessing Violence for Ages 0–12	22	–1.14 *
CR Caregiver Total Number of Traumatic Experiences	23	–0.17 #
CR Caregiver Experience of Any Non-DV Traumas[b]	23	–0.09
CR Caregiver Experience of Any Domestic Violence[b]	23	–0.52 *

[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 outcome is a categorical variable, and the unadjusted within-family mean change is a change in proportion.
NOTES: 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.

Table 8
Changes in Intervention Group Means for Tertiary Outcome Variables Between Baseline and the Six-Month Assessment (CPP)

Tertiary Outcome	N	Within-Family Mean Changes[a]
Background and Contextual Factors		
CR Caregiver Resource Problems	23	–0.09
CR Caregiver Personal Problems	23	–0.74
School Readiness/Performance		
Letter Word Identification for Ages 3–18	9	
Passage Comprehension for Ages 3–18	11	–6.09
Applied Problems for Ages 3–18	11	2.36

[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.
NOTES: 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.

Mean Differences over Time for Kids' Club

Table 9 shows differences over time for Washington Heights/Inwood's primary outcomes within the Kids' Club program, comparing changes for each individual family between baseline and six months. Because of the small sample size at six months, only two outcomes could be tested over time, both secondary outcomes related to the caregiver's victimization experiences.

As seen in Table 9, one statistically significant change in scores was observed with a reduction in the caregiver's report of any experience of domestic violence. Reductions in this variable are expected, however, because of the differing time frames on the measures, with the baseline measure assessing domestic violence in the prior year and the six-month assessment limiting the timeframe to the prior six months.

Table 9
Changes in Intervention Group Means for Secondary Outcome Variables Between Baseline and the Six-Month Assessment (Kids' Club)

Secondary Outcome	N	Within-Family Mean Changes[a]
Violence Exposure		
CR Caregiver Experience of Any Non-DV Traumas[b]	10	–0.10
CR Caregiver Experience of Any Domestic Violence[b]	10	–0.60 *

[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 outcome is a categorical variable, and the unadjusted within-family mean change is a change in proportion.
NOTES: 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.

CONCLUSIONS

The Washington Heights/Inwood Safe Start Program implemented a CPP intervention CPP for young children and a group-based intervention for older children with a concurrent intervention for their mothers to improve outcomes for children exposed to violence. A full description of the interventions can be found in *National Evaluation of Safe Start Promising Approaches: Assessing Program Implementation* (Schultz et al., 2010). The program planned a randomized controlled trial of the intervention, with randomization occurring at the family

level, and a six-month wait-list control group; however, the experiment was not implemented as planned. Instead, after randomization, some families on the waiting list received Safe Start and other services during the waiting period. Without a valid comparison or control group, the resulting study can only describe changes in those treated with the different interventions. Further, any changes observed cannot be attributed to participation in the intervention, in the absence of any source of comparison to take into account the influence of time trends.

The failure of program staff to adhere to the planned evaluation design is an important finding in and of itself. Discovery of the problems occurred very late in the project, after the original staff who were operating the project had left and new staff were in place, so it is not possible to determine the reasons for nonadherence. It seems most likely that some of the staff did not agree with the plan to randomize and thus served all families who were available and interested in services. If true, this would mean that the families who did not get service were either uninterested or unavailable for intervention and thus would not form a valid control group. Therefore, we omitted them from analysis and focused instead on describing the outcomes among those who were served.

Washington Heights/Inwood Safe Start delivered CPP to 38 families. Within the CPP intervention group, baseline descriptive statistics showed that children receiving this service were on average 4.1 years old, with caregivers reporting an average of 3 types of violence exposure at baseline. Forty-five percent of enrolled children had reported baseline PTSD symptoms that fell in the significant range, and 74 percent of enrolled mothers had reported levels of parental stress that fell in the clinical range. Those who took part in the CPP intervention generally received fewer than the recommended number of sessions, with a median of ten sessions.

Safe Start program staff delivered Kids' Club to 31 families. Within the Kids' Club intervention group, baseline descriptive statistics showed that children receiving this service were on average 8.7 years old, with caregivers reporting 3.3 types of violence exposure on average. Twenty-four percent of enrolled children had reported baseline PTSD symptoms that fell in the significant range, and 61 percent of enrolled mothers had reported levels of parental stress that fell in the clinical range. About three-quarters of those who are included in this group took part in each type of service (77 percent took part

in Kids' Club, and 74 percent took part in Reflective Parenting Groups), with the median around eight sessions for each.

Within-group changes between baseline and six months showed few significant differences in either intervention group, with the only significant changes on indexes of violence exposure, for which a decrease would be expected regardless of participation in the intervention. But without a control group, observations about changes in the intervention group, or the lack thereof, cannot be interpreted as resulting from the intervention. Examination of these very limited results does not show any clear changes as a result of the intervention, but, again, in the absence of a source of comparison, no conclusions about the interventions are possible. It is also possible that outcomes among those families who participated fully and completed the intervention are better than those in the full sample of the families allocated to the intervention condition presented here.

In sum, the Washington Heights/Inwood Safe Start program implemented two interventions for children exposed to violence, but these interventions could not be evaluated fully in this study. Additional research will be needed to determine if these interventions can be helpful in improving child outcomes.

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WASHINGTON HEIGHTS OUTCOMES APPENDIX

Table A.1
Comparison of Intervention Group Means for Primary Outcome Variables over Time for Washington Heights/Inwood (CPP)

Primary Outcome	Baseline		Six Months		12 Months		18 Months	
	N	Mean	N	Mean	N	Mean	N	Mean
PTSD Symptoms								
CR Child PTSD Symptoms for Ages 3–10	27	41.63	14	40.93	7	35.14	3	
Behavior/Conduct Problems								
CR Child Behavior Problems for Ages 1–18	35	0.30	22	0.01	9	–0.30	5	0.42
Social-Emotional Competence								
CR Child Assertion for Ages 1–12	35	–0.21	21	–0.11	8	0.26	4	
CR Child Self-Control for Ages 1–12	35	–0.08	21	0.31	8	0.28	4	
Caregiver-Child Relationship								
CR Parent Distress for Ages 0–12	38	38.03	22	32.95	8	30.50	4	
CR Parent-Child Dysfunction for Ages 0–12	38	26.97	22	25.50	8	20.75	4	
CR Difficult Child for Ages 0–12	38	32.84	22	29.82	8	26.50	4	
CR Total Parenting Stress for Ages 0–12	38	97.84	22	88.27	8	77.75	4	

NOTES: CR = Caregiver Report; SR = Child Self-Report. Data are not shown for outcomes when the cell size is fewer than five for the group. P-values for the t-test results are not shown when the group size is fewer than ten for either group.

Table A.2
Comparison of Intervention Group Means for Secondary Outcome Variables over Time for Washington Heights/Inwood (CPP)

Secondary Outcome	Baseline		Six Months		12 Months		18 Months	
	N	Mean	N	Mean	N	Mean	N	Mean
Social-Emotional Competence								
CR Child Cooperation for Ages 3–12	24	11.08	11	11.55	6	12.67	3	
Violence Exposure								
CR Total Child Victimization Experiences for Ages 0–12	38	2.95	22	0.64	8	0.00	4	
CR Child Maltreatment for Ages 0–12	38	0.71	22	0.14	8	0.00	4	
CR Child Assault for Ages 0–12	38	0.74	22	0.09	8	0.00	4	
CR Child Sexual Abuse for Ages 0–12	38	0.03	21	0.05	8	0.00	4	
CR Child Witnessing Violence for Ages 0–12	38	1.50	22	0.18	8	0.00	4	
CR Caregiver Total Number of Traumatic Experiences	38	0.32	23	0.04	9	0.22	5	0.00
CR Caregiver Experience of Any Non-DV Trauma	38	0.21	23	0.09	9	0.00	5	0.00
CR Caregiver Experience of Any DV	38	0.74	23	0.17	9	0.00	5	0.00

NOTES: CR = Caregiver Report; SR = Child Self-Report. Data are not shown for outcomes when the cell size is fewer than five for the group. P-values for the t-test results are not shown when the group size is fewer than ten for either group.

Table A.3
Comparison of Intervention Group Means for Tertiary Outcome Variables over Time for Washington Heights/Inwood (CPP)

Tertiary Outcome	Baseline		Six Months		12 Months		18 Months	
	N	Mean	N	Mean	N	Mean	N	Mean
Background and Contextual Factors								
CR Caregiver Resource Problems	38	16.61	23	15.43	9	14.00	5	13.40
CR Caregiver Personal Problems	38	28.11	23	26.09	9	23.89	5	24.80
School Readiness/Performance								
Letter Word Identification for Ages 3–18	17	–1.24	14	5.43	5	0.60	4	
Passage Comprehension for Ages 3–18	20	1.25	15	–2.47	7	–6.29	3	
Applied Problems for Ages 3–18	18	–7.17	14	–4.43	6	–8.00	4	

NOTES: CR = Caregiver Report; SR = Child Self-Report. Data are not shown for outcomes when the cell size is fewer than five for the group. P-values for the t-test results are not shown when the group size is fewer than ten for either group.

Table A.4
Comparison of Intervention Group Means for Primary Outcome Variables over Time for Washington Heights/Inwood (Kids′ Club)

Primary Outcome	Baseline		Six Months	
	N	Mean	N	Mean
PTSD Symptoms				
CR Child PTSD Symptoms for Ages 3–10	23	45.35	7	44.00
SR Child PTSD Symptoms for Ages 8–12	18	9.06	5	6.00
Depressive Symptoms				
SR Child Depressive Symptoms for Ages 8–18	17	7.47	4	3.50
Behavior/Conduct Problems				
CR Child Externalizing Behavior Problems for Ages 3–18	30	25.70	7	23.43
CR Child Internalizing Behavior Problems for Ages 3–18	28	16.04	7	14.57

NOTES: CR = Caregiver Report; SR = Child Self-Report. Data are not shown for outcomes when the cell size is fewer than five for the group. P-values for the t-test results are not shown when the group size is fewer than ten for either group.

Table A.5
Comparison of Means for Secondary Outcome Variables over Time for Washington Heights/Inwood (Kids' Club)

Secondary Outcome	Baseline		Six Months	
	N	Mean	N	Mean
Caregiver-Child Relationship				
CR Parent Distress for Ages 0–12	31	33.74	9	27.00
CR Parent-Child Dysfunction for Ages 0–12	31	24.68	9	22.33
CR Difficult Child for Ages 0–12	31	32.87	9	29.67
CR Total Parenting Stress for Ages 0–12	31	91.29	9	79.00
Violence Exposure				
CR Total Child Victimization Experiences for Ages 0–12	31	3.29	9	0.67
CR Child Maltreatment for Ages 0–12	31	0.71	9	0.00
CR Child Assault for Ages 0–12	31	0.68	9	0.33
CR Child Sexual Abuse for Ages 0–12	30	0.03	9	0.00
CR Child Witnessing Violence for Ages 0–12	30	1.70	9	0.22
SR Total Child Victimization Experiences for Ages 11–18	7	5.14	1	
SR Child Maltreatment for Ages 11–18	7	0.86	1	
SR Child Assault for Ages 11–18	7	1.57	1	
SR Child Sexual Abuse for Ages 11–18	7	0.00	1	
SR Child Witnessing Violence for Ages 11–18	6	2.33	1	
CR Caregiver Total Number of Traumatic Experiences	31	0.23	9	0.22
CR Caregiver Experience of Any Non-DV Trauma	31	0.13	10	0.10
CR Caregiver Experience of Any DV	31	0.71	10	0.10

NOTES: CR = Caregiver Report; DV = domestic violence; SR = Child Self-Report. Data are not shown for outcomes when the cell size is fewer than five for the group. P-values for the t-test results are not shown when the group size is fewer than ten for either group.

Table A.6
Comparison of Intervention Group Means for Tertiary Outcome Variables over Time for Washington Heights/Inwood (Kids′ Club)

Tertiary Outcome	Baseline		Six Months	
	N	Mean	N	Mean
Behavior/Conduct Problems				
SR Teen Delinquency for Ages 11–18	7	1.14	1	
Social-Emotional Competence				
CR Child Affective Strengths for Ages 6–12	26	16.08	10	15.90
SR Child Affective Strengths for Ages 11–18	7	15.57	1	
CR Child School Functioning for Ages 6–12	26	18.96	10	20.70
SR Child School Functioning for Ages 11–18	7	21.29	1	
CR Child Assertion for Ages 1–12	31	–0.05	9	0.25
CR Child Self-Control for Ages 1–12	31	0.32	9	0.32
CR Child Cooperation for Ages 3–12	25	11.00	9	12.33
Caregiver-Child Relationship				
CR Family Involvement for Ages 6–12	26	22.58	10	23.60
SR Family Involvement for Ages 11–18	7	24.43	1	
School Readiness/Performance				
Letter Word Identification for Ages 3–18	28	20.57	8	22.50
Passage Comprehension for Ages 3–18	28	–4.43	9	–5.00
Applied Problems for Ages 3–18	23	4.52	8	8.13

NOTES: CR =Caregiver Report; SR = Child Self Report. Data are not shown for outcomes when the cell size is fewer than five for the group. P-values for the t-test results are not shown when the group size is fewer than ten for either group.