

**DO IDENTIFIED RISK FACTORS, CASE-
SPECIFIC FACTORS, OR CASE
RECOMMENDATIONS IN
MULTIDISCIPLINARY EVALUATIONS REALLY
MAKE ANY DIFFERENCE IN LONG-TERM
SAFETY TO FAMILIES?**

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OBJECTIVES

- Learning Objective 1: The audience will learn which case-specific factors, risk factors, and case recommendations predict child maltreatment re-report rates up to four years after a MDT evaluation.
- Learning Objective 2: The audience will learn which case-specific factors, risk factors, and case recommendations predict subsequent verified findings of child maltreatment up to four years after a MDT evaluation.
- Learning Objective 3: The audience will learn practice implications related to the effectiveness of specific MDT case recommendations (e.g., parenting classes, substance abuse treatment, removal of a family member) in reducing recidivism rates.



WHY EXAMINE MULTIDISCIPLINARY CHILD MALTREATMENT EVALUATIONS WITHIN THE CONTEXT OF RECIDIVISM?

- Sub-population of traditional CPS population
- Tendency to evaluate allegations of physical and sexual abuse (Jent, et al., 2009)
- Provide specialized medical and investigative evaluations of severe cases of child maltreatment
- Designed to collect evidence related to allegations, assess risk and protective factors, and provide recommendations to improve long-term safety
- Higher substantiation rate than traditional CPS services
- Work in collaboration with CPS and law enforcement



RE-REPORT AND VERIFIED RECIDIVISM

Re-report

- Represents any subsequent child maltreatment allegations related to a family following an initial allegation event regardless of case outcome.

Verified Recidivism

- Represents any subsequent substantiated child maltreatment allegations related to a family following an initial allegation event.

Goals for examining each:

- Long-term safety and permanency
- Child outcomes
- Targeted services or placement



HOW ARE MDT EVALUATIONS SUPPOSED TO CONTRIBUTE TO LONG-TERM SAFETY OF FAMILIES?

- Protective Factors
- Risk Factors
- Evidence and Substantiation
- Recommendations
- Coordinated efforts with other agencies



WHAT DO WE KNOW CONTRIBUTES TO RECIDIVISM?

- Demographic factors
- Case level factors
- Family-specific risk factors
- Service involvement and placement



CASE LEVEL FACTORS

- **Younger Children** (Drake et al., 2002; Lipien & Forthofer, 2004)
- **Race** (Lipien & Forthofer, 2004; Drake et al., 2006; Fluke, Yuan, & Edwards, 1999)
- **Female Perpetrators** (Way et al., 2001; USDHHS, 2009)
- **Neglect** (Drake et al., 2002; Fryer & Miyoshi, 1996)
- **Sexual Abuse** (Way et al., 2001)
- **Substantiation** (Drake et al., 2002; Drake et al., 2006; English et al., 2002)
- **Prior Maltreatment Reports** (Drake et al., 2006; Loman, 2006)



FAMILY-SPECIFIC RISK FACTORS

- Child Developmental Problems
- Child and/or Caregiver Mental Health Problems
- Child and/or Caregiver Substance Abuse

(Drake et al., 2006, English et al., 1999;
Fraser, 1997; Fuller et al., 2001)



SERVICE INVOLVEMENT AND PLACEMENT

- Lower intensity in-home support services-Mixed Findings (Drake et al., 2006; Lipien & Forthofer, 2004)
- No services- Higher Recurrence (Drake et al., 2006)
- Higher intensity family preservation services- Higher Recurrence (Drake et al., 2006; Staudt et al., 2002).
- Following foster care- Higher Recurrence (Drake et al., 2002; English et al., 1999; Jonson-Reid, 2003)



THE CURRENT STUDY: RATIONALE

- Emergent understanding of traditional CPS recidivism. Do similar factors hold true for MDT population?
- Need to ensure that the factors linked to recidivism receive effective services to the extent possible
- Need to better understand whether MDT services make a long-term difference in families, and if not consider organizational recommendations to increase the utility of MDT services.



UNANSWERED QUESTION:

- Do case-specific factors, identified risk factors, or case recommendations in multidisciplinary evaluations really make any difference in long-term safety to families?



HYPOTHESIZED PREDICTORS OF RE-REPORT AND VERIFIED RECIDIVISM



SAMPLE

- Sample drawn from earlier studies exploring Florida Child Protection Teams' (CPT) adherence to child protection assessment best practices and CPT substantiation decision making (Jent et al., 2008; Jent et al., 2009).
- 845 of 4,895 CPT final case summary reports of evaluations (4 South Florida CPTs) conducted between July 2005-June 2006 were randomly selected from the CPT Information System.
- CPT FCS reports and corresponding child abuse hotline reports included description of child maltreatment allegations, summary of assessments completed, description of risk of harm factors, case findings, and recommendations.



MEASURES

○ *Clinical Assessment Code Book*¹

- Designed to code qualitative and objective content of child protection evaluations.
- Summary categories included for current study: Case demographics; background information; findings; interpretations and recommendations.
- Overall inter-rater agreement for code book was good ($\kappa > .70$). Eight items with inter-rater agreement less than .70 were excluded from analyses.

○ *Child Protection Team Coding Manual*²

- Developed to code CPT evaluation reports for evidence, protective factors, and risk of harm factors.
- Variables were only coded if clearly indicated in report.
- Summary categories included: total # of protective factors (24 items); risk of harm factors (56 items); and evidence (3 items).
- Only variables coded in at least 5% of cases were included (N = 9 risk factors)
- Overall inter-rater agreement for code book was good ($\kappa > .70$).

○ *Florida Safety Families Network*

- Number of subsequent abuse reports and verified child maltreatment allegations up to four years after initial CPT evaluation (July 2006-July 2010).

¹ Budd, Felix, Poindexter, Naik-Polan, & Sloss, 1999; ² Jent, Dandes, Merrick, & Rankin, 2006)



ANALYSES

○ **Re-report:**

- Preliminary correlations were conducted to determine entry into regression model
- Hierarchical linear regression was conducted to examine the extent that case recommendations predicted subsequent child maltreatment reports above and beyond case-specific factors and risk factors.
- Dependent variable = Number of subsequent child maltreatment allegations related to family up to four years after CPT assessment.

○ **Verified Recidivism:**

- Preliminary correlations were conducted to determine entry into regression model
- Hierarchical linear regression was conducted to examine the extent that case recommendations predicted subsequent verified child maltreatment allegations above and beyond case-specific factors and risk factors.
- Dependent variable = Number of subsequent verified allegations of child maltreatment related to family up to four years after CPT assessment.



<i>Table 1. Demographics of Families</i>	
<i>Characteristics of Target Child</i>	
Age- <i>M</i> (<i>SD</i>)	7.6 (4.5)
Gender (%)	
Male	47.2
Female	52.8
Race/Ethnicity (%)	
Black or African American	37.5
Hispanic	24.7
Caucasian	33.9
Asian American	1.2
Other	2.7
Type of Alleged Maltreatment (%)	
Physical Abuse	52.4
Sexual Abuse	19.6
Emotional Abuse	0.5
Threatened Harm due to DV	1.1
Neglect	4.4
Multiple Maltreatment	22.0
Case Disposition (%)	
Allegations Substantiated/Indicated	60.1
Allegations Not Indicated	39.9
Recidivism	
Subsequent Abuse Reports- <i>M</i> (<i>SD</i>)	1.78 (3.25)
Subsequent Verified Abuse Reports- <i>M</i> (<i>SD</i>)	.67 (1.48)

RESULTS

- 47% of all families were re-reported for new allegations of child maltreatment within 4 years following CPT evaluation
- 30% of all families were classified as having subsequent verified findings of child maltreatment within 4 years following CPT evaluation.
- Despite a 60% verified/some indication rate, 92% of cases were provided recommendations for services (Jent et al., 2009)



Table 2
Correlations Between Case-Specific Factors, Child Maltreatment Characteristics, and Subsequent Child Protection Involvement

	Characteristic	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Total # of Subsequent Allegations	-																				
2	Total # of Subsequent Verified Allegations	.78**	-																			
	Child characteristics																					
3	Child's Sex	-.03	-.02	-																		
4	Age	-.07	-.08*	.14**	-																	
	Child Race/Ethnicity																					
5	African American	.04	.04	.01	.06	-																
6	Asian American	-.04	-.02	-.07*	-.02	-.07*	-															
7	Caucasian	.04	.03	.01	-.10**	-.55**	-.07	-														
8	Hispanic	-.07*	-.06	.00	.05	-.45**	-.05	-.41**	-													
	Alleged Perpetrator Relationship																					
9	Biological Mother	.11**	.10**	-.04	-.03	.13**	.08*	-.13**	-.01	-												
10	Biological Father	-.05	-.02	.00	.01	-.12	-.03	.20**	-.09**		-											
11	Step Mother	.09*	.06	-.04	.04	.03	-.02	.02	-.04	-.11**	.00	-										
12	Step Father	-.02	-.03	.03	.21**	-.02	.01	-.07*	.12**	-.13**	-.21**	.04	-									
13	Other Relative	-.02	-.02	.11**	-.01	.00	-.03	.01	-.06	-.17**	-.14**	-.05	-.08*	-								
14	Non-relative living in the home	-.02	-.04	.02	-.03	.02	-.03	.04	-.04	-.09**	-.17**	-.05	-.09**	-.06	-							
15	Non-relative not living in the home	-.01	-.01	-.01	-.08*	-.10**	-.02	.14**	-.02	-.12**	-.12**	-.03	-.07*	-.06	-.06	-						
	Child Maltreatment Characteristics																					
16	Physical Abuse	.01	.06	-.17**	-.02	.14**	.06	-.15**	-.02	.10**	-.05	-.01	-.13**	-.10**	-.03	-.06	-					
17	Sexual Abuse	-.08*	-.11**	.23**	-.02	-.12**	-.05	.16**	-.02	-.37**	.02	-.06	.07*	.18**	.04	.12**	-.52**	-				
18	Neglect	.07*	.04	.01	-.01	.03	-.02	.02	-.04	.18**	-.03	.04	.00	-.04	-.04	-.04	-.22**	-.11**	-			
19	Multiple Maltreatment	.01	.01	-.02	.03	-.06	-.05	.01	.06	.12**	.05	.06	.07*	-.03	.02	-.01	-.56**	-.26**	-.11**	-		
20	Verified Findings Decision	.02	.06	-.02	.23**	.09**	-.03	-.06	-.05	.03	-.01	.03	.11**	.03	.06	.02	.04	-.05	-.12**	.05	-	
21	Prior DCF Involvement	.22*	.14*	-.07	.00	.10**	-.03	.04	-.14**	-.02	.04	.04	-.03	.00	.05	-.03	-.07	.02	.04	.05	.03	-

Note. The total sample size for the study was $N = 845$ participants.

* $p < .05$; ** $p < .01$.

Table 3
Correlations Between Identified Protective Factors, Risk Factors, Recommendations, and Subsequent Child Protection Involvement

Characteristic	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1 Total # of Subsequent Allegations	-																				
2 Total # of Subsequent Substantiated Allegations	.78**	-																			
3 Total Protective Factors	-.07	-.06	-																		
Caregiver Risk Factors																					
4 Aggressive Parent-Child Interactions	-.01	.20	.07	-																	
5 Parent Substance Abuse	.13**	.11**	-.17**	-.04	-																
6 Domestic Violence	.10**	.09**	-.18**	.05	.31**	-															
7 Caregiver Criminal Behaviors	.08*	.05	-.30**	.02	.30**	.31**	-														
8 Caregiver Acts of Omission	.04	.06	-.14**	-.01	.12**	.07	.12**	-													
9 Caregiver Psychological Functioning	.12**	.11**	-.11**	-.02	.23**	.12**	.15**	.04	-												
10 Child Medical Regimen Adherence	.07*	.04	-.01	-.09**	.00	-.04	.00	.01	.06	-											
Child Risk Factors																					
11 Child Developmental Concerns	.05	.08*	.03	-.07*	-.04	-.02	-.06	.03	.04	.20**	-										
12 Child Psychological Functioning	.05	.00	.12**	.23**	-.05	-.03	-.07*	-.63	-.02	.03	.02	-									
Recommendations																					
13 Individual Therapy	-.06	-.09*	-.10**	.28**	.08*	.20**	.10**	.01	.06	-.08*	-.17**	.23**	-								
14 Parent Training/Education	-.08*	-.04	-.05	.34**	-.01	.08*	.09*	.08*	.04	.01	.02	.07	.19**	-							
15 Substance Abuse Treatment	.06	.08*	-.12**	-.03	.27**	.16**	.10**	.11**	.16**	.08*	.08*	-.02	.10**	.03	-						
16 Child Removal	.05	.04	-.07*	.18	.05	.06	.03	.15**	.02	-.02	.00	.03	.07	.06	.13**	-					
17 Caregiver Removal	.00	.02	-.12**	.05	.11**	.13**	.14**	.22**	.04	-.06	-.05	-.05	.24**	-.05	.11**	.03	-				
18 Medical follow-up	-.01	.02	-.11**	-.09*	.05	-.01	.05	-.05	.03	.17**	-.03	-.09**	-.05	-.02	.05	.00	-.04	-			
19 Adhere to already provided recommendations	.04	.02	.02	.06	-.02	.01	.02	-.00	.05	-.04	.06	.14**	-.01	-.01	.01	.01	-.01	-.09*	-		
20 Change parenting practices w/o recommendation for treatment	.01	.02	.01	.12**	-.05	-.01	-.01	-.05	-.08*	-.06	.00	.04	-.02	.01	-.05	-.05	-.08*	-.07	-.08*	-	
21 Law enforcement involvement	.04	.04	.12**	.02	-.07*	-.01	-.08*	.04	.02	-.06	.02	.04	.01	-.08*	.01	.08*	.08*	-.07	-.08*	-.06	-

Note. The total sample size for the study was $N = 845$ participants.
 * $p < .05$; ** $p < .01$.

Table 4: Hierarchical Regression Analyses for Subsequent Child Protective Services Involvement

	Category	Variables	R ² Change	Beta	t-score
Step 1	Case Factors	Hispanic Child		-.06	-1.83
		Biological Mother Alleged Perpetrator		.09	2.48*
		Stepmother Alleged Perpetrator		.09	2.57*
		Sexual Abuse Allegations		-.03	-.87
		Neglect Allegations	.03***	.06	1.63
Step 2	Risk Factors	Parental Substance Abuse		.08	2.18*
		Domestic Violence		.03	0.82
		Criminal Involvement		.01	0.08
		Parent Psychological Functioning		.07	2.01*
		Child poor medical compliance		.03	.84
		Prior DCF Involvement	.06***	.19	5.38***
Step 3	Recommendations	Parent Training	.01**	-.12	-3.48**

*Note: * p < 0.05, ** p < 0.01, *** p < .001.*



Table 5: Hierarchical Regression Analyses for Subsequent Substantiated Child Protective Services Involvement

	Category	Variables	R ² Change	Beta	t-score
Step 1	Case Factors	Child's Age		-.07	-2.15*
		Biological Mom Alleged Perpetrator		.07	1.88
		Sexual Abuse Allegations	.02**	-.09	-2.35*
Step 2	Risk Factors	Parental Substance Abuse		.07	1.99*
		Domestic Violence		.03	.82
		Parent Psychological Functioning		.07	2.07*
		Child Developmental Concerns		.06	1.65
		Prior DCF Involvement	.04***	.12	3.33**
Step 3	Recommendations	Individual Therapy/Counseling		-.09	-2.22*
		Substance Abuse Treatment	.01	.03	.74

*Note: * p < 0.05, ** p < 0.01, *** p < .001.*



DISCUSSION

- Findings primarily reaffirmed previous re-report/recidivism studies (Drake et al., 2006; Lipien & Forthofer, 2004; Way et al., 2001)
- Case-Specific Factors
 - Child Age
 - Female Caregivers
 - Sexual Abuse
 - Prior CPS Involvement
- Risk Factors
 - Caregiver Substance Abuse
 - Caregiver Psychological Functioning
- Recommendations
 - Parent training



DISCUSSION

- No racial differences in terms of re-reports/recidivism
- No relationship between initial substantiation and subsequent reports and/or verified findings
- No child risk factors were predictive of future reports/verified findings.
- Out of home placement recommendations for adult or child were not predictive



CONCLUSIONS

- CPT actively identifies risk factors which are predictive of recidivism.
- CPT recommendations have limited utility in securing long-term safety of families, but recidivism rates similar to other studies
- Provides further support for the complexity and difficulty of this population



PRACTICE IMPLICATIONS/ORGANIZATIONAL RECOMMENDATIONS

- Parenting training recommendations appear to be important to reducing future reports
- More targeted assessment of parent well-being/mental health
- Clearly a need for better coordination between CPT and CPS in understanding risk and recommendation implementation
- Different approach to evaluation (e.g., changing from investigative to service-needs assessment, motivational interviewing approach)
- More supportive services needed for female caregivers
- Outcome-based funding versus numbers served-based funding



CAREGIVER WELL-BEING

- Consideration of mental health screening of all adults during evaluations
- Ensure that all caregivers receive CPT evaluations
- More effective linking of caregivers to effective services

Barriers to caregivers receiving services

- Child Care
- Adult Insurance
- CPS and CPT consideration of adult mental health needs beyond family therapy and parenting



LIMITATIONS:

- Sample limited to one geographic area and primarily, allegations of physical or sexual abuse.
- Absence of information regarding whether recommendations for removal or services were implemented, including tx modality
- No information regarding the effectiveness of received interventions following CPT evaluation.
- Risk factors were limited to items specifically identified as a risk factor by the report writer.



FUTURE RESEARCH DIRECTIONS AND QUESTIONS:

- To what extent are CPT recommendations actually implemented/accepted by the family?
- Examine the effectiveness of mental health screening/treatment needs assessment approach within CPT evaluations
- Why are female caregivers who are identified perpetrators more prone to recidivism and how can they be better supported?
- We need a better understanding of how to prevent re-report and recidivism in families with chronic history of CPS involvement.



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QUESTIONS???



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