

Appendix B. Descriptions of Community Survey Measures.

Table B1. Community Survey Measures

<b>Participant Demographics</b>
Demographics Form
<b>Parenting and Child Functioning</b>
Conflict Tactics Scale – Parent-Child Version (CTS-PC)
Ages and Stages questionnaire (ASQ-3)
Ages and Stages Questionnaire: Social Emotional (ASQ-SE)
<b>Family Support and resource measures</b>
Social Provisions Scale (SPS)
Family Resources Scale-Revised (FRS)
<b>Parent risk measures</b>
Brief Child Abuse Potential Inventory (BCAP)
Center for Epidemiology Studies Depression Short-Form (CESD-SF)
Cigarette Use Questionnaire (CUQ)
Alcohol Use Disorders Identification Test (AUDIT)
Drug Abuse Screening Test, 10 item version (DAST-10)
Consideration of Future Consequences (CFC)
Numeracy Scale
Cognitive Reflection Test
Rational/Experiential Multimodal Inventory
Child Abuse and Neglect Prototype Vignettes
Parents Opinion Questionnaire
Adverse Childhood Experiences Scale
Family Support Tool (FaST)
<b>Home Environment</b>
Home Observation for Measurement of the Environment- Short Form (HOME-SF)
Child Well-Being Scale

<b>Intimate Partner Violence Measures</b>
Acceptance Scale.
Conflict Tactics Scale CTS2S (Victimization & Perpetration)
Conflict and Problem Solving with Others.
Relationship status measure
<b>Service measures</b>
Prenatal and Postnatal Medical Care
Utilization of Social Services
Stages of Change Questions on EBHV utilization
EBHV Marketing Questions Via Method of Continued Associations
<b>CPS Involvement</b>
Child Maltreatment Outcomes from DHS Administrative Data Systems
<b>Autism and Development Delay</b>
Communication and Symbolic Behavior Scales-Developmental Profile (CSBS)
The Modified Checklist for Autism in Toddlers (M-CHAT)
Autism Spectrum Rating Scales (ASRS) Short Form (2-5 Years)
<b>Sexual Behavior Problems</b>
Child Behavior Checklist (CBCL) selected sexual behavior questions

### **Participant Demographics**

*Demographic questionnaire.* The demographic questionnaire has a set of questions developed to capture basic demographic information. Initial versions of the questionnaire were screened by outside consultants to insure their appropriateness for Hispanic and Native American populations, and revisions incorporated. The questionnaire is available in both Spanish and English language versions. An early version of the questionnaire was piloted on 100 parents in similar programs. Items answered inconsistently or indicated by parents to be confusing were corrected. Mean 2-week test-retest correlation was 0.74 for continuous variable items, and Kappa was 0.79 for nominal variables.

### **Parenting and Child Functioning**

*Conflict Tactics Scale – Parent-Child Version. (CTS-PC).* The CTS-PC is a parent self-report measure of parenting, including harsh and neglectful parenting.<sup>1</sup> It is used to measure the extent to which a parent has carried out acts of psychological and physical maltreatment and neglect of children, regardless of whether the child was injured. The scales of the CTSPC include nonviolent discipline, psychological

aggression, physical assault (including questions on discipline/corporal punishment) and neglect, as well as a supplemental scale on sexual abuse. Results of psychometric analysis shows evidence of discriminant and construct validity. Reliability ranges from low to moderate.

*Ages & Stages Questionnaires, Third Edition (ASQ-3).*<sup>2</sup> The ASQ is a reliable, accurate and well-studied tool used to screen children for developmental delays in the first 5 years of life. The questionnaire is parent-completed and includes 17 age appropriate forms, which are used to determine whether a child is on target developmentally or needs further evaluation. The questionnaires are available in both English and Spanish versions. Test-retest reliability was found to be .91 and inter-rater reliability was found to be 0.92. Validity ranged from 0.82-0.88. The ASQ-3 was found to have a sensitivity of 0.86 and a specificity of 0.85.

*Ages & Stages Questionnaires®: Social-Emotional (ASQ: SE).*<sup>3</sup> A Parent-completed, child-monitoring system for social-emotional behaviors and includes 8 age appropriate forms for ages 6-60 months. The ASQ: SE screens for self-regulation, compliance, communication, adaptive functioning, autonomy, affect and interaction with people. The questionnaires are available in both English and Spanish versions and will be administered by the home visitors. Test-retest reliability was 0.94 and internal consistency ranged from 67% to 91%. Concurrent validity ranged from 0.81 to 0.95. The ASQ-SE was found to have a sensitivity range of 0.71 – 0.85 and specificity range of 0.90 – 0.98.

### **Family Support and resource measures**

*Social Provisions Scale.*<sup>4</sup> This measure was designed to capture the degree to which a respondent's social relationships provide various dimensions of social support. The items selected are based on six social provisions: 1) attachment, 2) social integration, 3) reassurance of worth, 4) reliable alliance, 5) guidance, and 6) opportunity for nurturance identified by Weiss (1974). The Social Provisions Scale was chosen because of its theoretical base, good psychometric properties, low reading-level comprehension, and brevity. Total internal consistency reliability is excellent ( $\alpha = 0.93$ ). Total scale alpha reliabilities are excellent when considered by caregiver race ( $\alpha = 0.91$  to 0.95) and study site ( $\alpha = 0.90$  to 0.93).

*Family Resources Scale-Revised.* The FRS<sup>5</sup> is a 30-item self-report scale designed to measure the adequacy of resources in households with young children. The FRS is a reliable and valid tool to assess perceived adequacy of resources among economically diverse families. It assesses resources across six conceptually cohesive dimensions of: 1) basic needs, 2) housing and utilities, 3) social needs/ self-care, 4) child care, 5) extra resources and 6) benefits. Internal consistency is acceptably high to strong. Test-retest reliability and concurrent validity results have been in the moderate range.

### **Parent risk measures**

*Brief Child Abuse Potential Inventory (Brief-CAPI).* The Child Abuse Potential Inventory<sup>6</sup> is a widely used 160-item agree/disagree format parent self-report questionnaire developed to estimate abuse risk. This standard version is too lengthy for longitudinal interviewing, so we propose to use the short-form version of Ondersma and colleagues.<sup>7</sup> The Brief CAP (or BCAP) reduces the length of the measure from 160 items to 24 items, and correlates 0.96 with the full CAP Abuse Scale in both development and cross-validation samples, and taps domains of distress, social isolation, family conflict and rigid parenting attitudes.

*Center for Epidemiology Studies Depression Short-Form (CESD-SF).*<sup>8</sup> This is a Quality of Life (QOL) tool used to measure current depressive symptoms in the general population. Items on the short form contain simple vocabulary in short sentences which can be administered by self-report or interview. The short form with a 4-point response set had good sensitivity and specificity in identifying potential cases of significant depressive symptoms. The CES-D shows excellent internal consistency (coefficient alpha > 0.83) and test-retest correlation ( $r > 0.5$ ).

*Cigarette Usage Questionnaire.* Three items that coincide with EBHV forms used by OSDH EBHV agencies were selected to assess current smoking status and frequency outcomes.

*Alcohol Use Disorders Identification Test (AUDIT).* The AUDIT was developed by the World Health Organization (WHO, 1989; updated in 1992) as a simple method of screening for excessive drinking and to assist in brief assessment. The AUDIT consists of 10 self-report questions about recent alcohol use, alcohol dependence symptoms, and alcohol-related problems. Test-retest (0.87 – 0.97) and internal consistency (0.75 – 0.97) estimates are acceptable to high.<sup>9</sup>

*Drug Abuse Screening Test, 10 item version (DAST-10).*<sup>10</sup> This is a 10-item instrument modified to refer to the past 12 months at time of administration; a “yes” or “no” response is requested for each of the 10 questions. The DAST provides a brief, simple, practical but valid approach for identifying individuals who are abusing psychoactive drugs and yields a quantitative index score of the degree of problems related to drug use and misuse. This instrument will be administered in a self-report format. The DAST-10 correlates very highly ( $r = 0.98$ ) with the longer DAST-20 and has high internal consistency reliability for a brief scale (0.92 for the total sample and 0.74 for a drug-abuse sample).<sup>11</sup>

*Consideration of Future Consequences.* Reworded from Strathman et al.<sup>12</sup> The CFC was designed to assess the extent to which people emphasize short-term or long-term consequences. Higher scores on this scale demonstrate an ability to delay gratification and optimize future long-term outcomes. We are interested in capturing tendencies to act on impulse with strong focus on immediate gratification as a potential predictor of future abuse and neglect reports. Items of this scale were re-worded by study investigators to handle the lower-end of the anticipated reading level of the sampled population.

*Numeracy Scale.*<sup>13</sup> We have added this measure as a potential predictor of future abuse and neglect reports. We are interested in capturing participant ability to decipher and understand probabilistic and numeric information. We anticipate this measure will moderate psycho-educational treatment effectiveness for those who receive home-visiting services.

*Cognitive Reflection Test.*<sup>14</sup> The CRT is a three item measure of cognitive ability related to decision-making characteristics of time preference and risk preference. We are interested in capturing participant ability to suppress immediate emotive thoughts and apply reason to problem-solving tasks as a potential predictor of future abuse and neglect reports.

*Rational/Experiential Multimodal Inventory.*<sup>15</sup> The construction of this test is based on the theory that people process information with two independent, interactive systems: nonverbal (experiential) and verbal (rational). This measure will be used to assess participant ability to think either analytically (rationally) or experientially (more affectively reactive) as a potential predictor of future abuse and neglect reports.

*Child Abuse and Neglect Prototype Vignettes.* We created this measure as a potential predictor of future abuse and neglect reports. It was developed conceptually out of two existing health behavior theories: the *Theory of Planned Behavior*<sup>16,17</sup> and the *Prototype Willingness Model*.<sup>18</sup> The questions for each vignette are intended to capture constructs that overlap with the dual process theories of decision-making that propose two broad classes of choice influence: cognitive and affective. The measured constructs include past behavior, willingness to engage in risky abuse/neglect behavior, perceived benefit of risky actions, social acceptability of risky action, risk perception of harmful consequences of actions, culpability for negative consequences of risky actions, and cognitive appraisal of action judgment quality.

*Adverse Childhood Experiences Questionnaire.*<sup>19</sup> This questionnaire was constructed for the original Adverse Childhood Experiences (ACE) Study conducted by Kaiser Permanente, which assessed exposure to childhood abuse and household dysfunction and their relationship with health. The ACE scores from the questionnaire (counts of total ACEs reported) have been highly predictive of a multitude of short- and long-term mental and physical health outcomes.

*Family Support Tool (FAST).*<sup>20</sup> This brief, child neglect (including family violence) risk assessment tool is intended for use among prevention populations. This tool was designed to focus more on neglect (the most common form of child maltreatment), be less intrusive (by eliciting self-reports of positive, protective behaviors rather than observer reports of risk), and identify more “proximal” risks (malleable, as opposed to static, factors that may be more predictive of imminent, as opposed to eventual, neglect). FAST was designed from a broad ecological perspective that, in addition to poor parenting and impoverished home environment, also looks for strengths, needs, and risks at the family and community levels of measurement. FAST is currently in its second phase of pilot testing with a large prevention population. The first pilot found broad support for the internal validity of each of the 13 subscales. The second pilot testing of FAST has just completed and is awaiting a final psychometric evaluation of a brief 54-item, 11-subscale version of the screener.

### **Parents Opinion Questionnaire**

*Parent Opinion Questionnaire (POQ).* The POQ<sup>21</sup> assesses parental expectations of child behavior at various developmental states. Higher scores indicate greater levels of unrealistic expectations. The POQ has been recommended for clinical assessment of abusive parents and those at risk of child maltreatment. An analysis by Haskett et al, 2006, showed full scale scores were associated with parental psychopathology, parenting stress, self-reported discipline practices and IQ but were unrelated to observed parenting behavior. Azar and colleagues provided evidence to support the discriminate validity of the POQ among abusive and non-abusive parents with 12 years or less of education (age of children was not reported).<sup>21,22</sup> The POQ has been recommended for clinical assessment of abusive parents and those at risk of child maltreatment.<sup>23-25</sup> Study investigators selected only 16 items of the POQ (those aimed at parents with children 4 years old or younger) for use in this survey. Response scales for these items were also adapted, replacing the usual yes/no responses with a 5-point strongly disagree to strongly agree scale.

### **Home Environment**

Home Observation for Measurement of the Environment- Short Form (HOME-SF). This measure is based on the HOME inventory<sup>26</sup> which is a combination of trained observer ratings and mother’s report on the

quality of cognitive stimulation and emotional support provided by a child's family. The internal consistency of the total HOME-SF has been reported as 0.56 with estimates of 0.53. and 0.38 for the cognitive and emotional subscales, respectively.<sup>27</sup> Investigators chose to use a subset of the items from the 0-2 year-old and 3-5 year-old versions of the HOME-SF questionnaire.

*Child Well-Being Scales (CWBS).* The CWBS<sup>28</sup> was developed as an observational outcome measure for child welfare services programs. For the present study, the in-home data collectors will provide responses to selected CWBS items that cover observed household sanitation, home safety/child access to hazards, and clothing and hygiene.

### **Intimate Partner Violence Measures**

*Acceptance Scale.* This measure was developed by the evaluation team for a separate ongoing project. There are nine questions on this measure each followed by two 4-point response scales. The first response scale assesses their degree of agreement about dating violence while the second scale assesses whether the dating violence was acceptable or not. Acceptance of female perpetrated violence on males (5 items) produced an internal consistency estimate of 0.71 and acceptance of male-perpetrated violence on females (4 items) produced an internal consistency estimate of 0.71 0.55. The Acceptance Scale used in the current study supplements the original 9 items with additional psychological control items from the Demographic Health Surveys (<http://www.measuredhs.com/>).

*Conflict Tactics Scale 2 (CTS2).* The CTS2<sup>29</sup> was developed to assess adult-to-adult conflict and to assess parent-to-child conflict. It includes five subscales measuring negotiation, psychological aggression, physical assault, injury, and sexual coercion. All the scales and subscales had good internal consistency with the exception of the minor injury subscale.<sup>30</sup>

*Conflict and Problem Solving with Others.* No standard measure was found to assess generality of conflict. Study investigators recently developed a new scale of general conflict modeled after the generality of violence questionnaire of Holtzworth-Munroe et al.<sup>31</sup> This new measure is a seventeen item questionnaire that captures how often participants are aggressive directly and indirectly with individuals in their life. There are two categories of people: family, friends/neighbors (informal supports), professional/coworker/service person (formal support). The measure is composed of 12 items from the CTS2 and 5 items from the Richardson Conflict Response Questionnaire (RCRQ).<sup>32</sup> Participants will report frequency of events with each person in the past twelve months.

*Relationship status measure.* We developed this measure to track changes in the primary caregivers' intimate relationships and reasons for change in status. In addition, these questions will allow us to analyze the Conflict Tactics Scale (CTS) across assessment periods in relation to a change in relationship status.

### **Service Measures**

*Prenatal and Postnatal Medical Care.* Parent access to healthcare, housing, food and other basic services are needed to maximize healthy family functioning. Questions on this measure ask about medical care and education received during the prenatal and postnatal period for the youngest child and the mother.

*Utilization of Social Services.* We developed this measure to capture participant use of home-visiting and center based social services. We also capture general satisfaction, benefit, and barrier constructs associated with the decision to receive and maintain service involvement.

*Stages of Change Questions on EBHV utilization.* This survey consists of seven questions regarding the utilization of a free service offered to participants called parentPRO. Utilization is classified into one of four stages of the Transtheoretical Model of Change<sup>33</sup>: Pre-contemplation/Contemplation, Planning/Preparation, Action, and Maintenance (Re-use of service).

*EBHV Marketing Questions Via Method of Continued Associations.* Decision making research has recognized the effect of imagery influence processes with judgment and choice. The method of continued associations<sup>34</sup> is based on the concept of “word association.” This method will be used to assess the community survey participant’s associative feelings regarding home visitation services. Slovic, MacGregor, and Peters<sup>35</sup> have used similar methods to elicit public perceptions on prescription medications.

### **CPS Involvement**

*Child Maltreatment Outcomes from DHS Administrative Data Systems.* Future reports of child maltreatment, and related events such as out of home placements of children, are one of the targeted MIECHV outcomes of interest. Matching participants across the evaluation database and the child welfare database will require care because the matches must be made on the basis of general identifiers which may be incomplete or inconsistent. We will use a sequential strategy with both computerized and manual matching components, that includes matching on social security numbers, and then combinations of name, gender and date of birth, including similar names and spellings. Match sets will subsequently be examined manually, line-by-line, in order to exclude likely false positives, which has been done successfully with previous similarly sized studies. Because the child welfare database also includes unique identifiers for families, any victim or perpetrator matches will be linked back to a family-level identifier, and all reports for that family can be retrieved. Reports will then be aggregated across dates, children and incidents and within types of maltreatment and perpetrator identity. Note also, that extended follow-up for this outcome can be obtained well beyond completion of the study with only minimal effort by simply re-executing the matching and data cleaning algorithms. We will obtain consent from participants for this extended follow-up. A Data Sharing Agreement has already been established between our OUHSC evaluation team and the OKDHS. This agreement will be extended for the life of the project.

### **Autism and Development Delay**

*Communication and Symbolic Behavior Scales-Developmental Profile (CSBS DP).*<sup>36</sup> The CSBS DP is a checklist of child behaviors completed by the caregiver to identify children who have or are at-risk for developing communication impairment and to monitor changes in a child’s communication, expressive speech and symbolic behavior over time. The CSBS DP is an accepted instrument for the early detection of autism spectrum disorders.

*The Modified Checklist for Autism in Toddlers (M-CHAT).*<sup>37</sup> The M-CHAT is validated for screening toddlers between 16 and 30 months of age to assess risk for autism spectrum disorders (ASD). The primary goal of the M-CHAT is to maximize sensitivity. Suggested cutoff scores lead to a sensitivity of

0.87-0.97, specificity of 0.95-0.99, positive predictive value of 0.36-0.80 and negative predictive value of 0.99.

*Autism Spectrum Rating Scales (ASRS) Short Form (2-5 Years)*.<sup>38</sup> The ASRS Short Form contains 15 items. The measure provides a total score which can be used as a screener to determine which children are most likely to require additional evaluation of services for ASD and related issues. Analysis of the measure produced a Cronbach alpha internal consistency coefficient of 0.92 and Pearson's *r* test-retest reliability of 0.90.

### **Sexual Behavior Problems**

*Child Behavior Checklist (CBCL) selected sexual behavior questions*. The caregiver-report Child Behavior Checklist (CBCL)<sup>39</sup> is a brief instrument used to measure problem behaviors and general child competencies. Only the CBCL sexual behavior problem items will be used in the current evaluation.

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