SAMHSA-NREPP
SEPTEMBER 2016 PROGRAM PROFILE FOR:
Baby TALK Home Visiting

*Fields marked with an asterisk are required

Program Details

Contact Information FOR SNAPSHOT

<table>
<thead>
<tr>
<th>Program Developer Contact Information</th>
<th>Dissemination/Implementation Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Name</td>
<td>*Name</td>
</tr>
<tr>
<td>Shauna Ejeh</td>
<td>Deb Widenhofer</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>Executive Director</td>
<td>Learning Institute Director</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Baby Talk, Inc., 500 East Lake Shore Drive, Decatur, IL 62521</td>
<td>Baby Talk, Inc., 500 East Lake Shore Drive, Decatur, IL 62521</td>
</tr>
<tr>
<td>*Phone Number</td>
<td>*Phone Number</td>
</tr>
<tr>
<td>217.475.2234</td>
<td>217.475.2234</td>
</tr>
<tr>
<td>*Email</td>
<td>*Email</td>
</tr>
<tr>
<td><a href="mailto:shauna@babytalk.org">shauna@babytalk.org</a></td>
<td><a href="mailto:deb@babytalk.org">deb@babytalk.org</a></td>
</tr>
<tr>
<td>Website</td>
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</tr>
<tr>
<td><a href="http://www.babytalk.org">www.babytalk.org</a></td>
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Other Program Details –FOR SNAPSHOT

<table>
<thead>
<tr>
<th>Program Type*</th>
<th>Implementation/Dissemination Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Mental health promotion</td>
<td>☒ Implementation materials available</td>
</tr>
<tr>
<td>☐ Mental health treatment</td>
<td>☒ Dissemination materials available</td>
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<tr>
<td>☐ Substance abuse prevention</td>
<td></td>
</tr>
<tr>
<td>☐ Substance abuse treatment</td>
<td></td>
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<tr>
<td>☐ Co-occurring disorders</td>
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Demographics and Geography for Studies Reviewed–FOR SNAPSHOT

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<thead>
<tr>
<th>Age Category*</th>
<th>Gender*</th>
<th>Race/Ethnicity*</th>
<th>Geographical Setting</th>
<th>Delivery Setting*</th>
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<tbody>
<tr>
<td>0-5</td>
<td>☒ Male</td>
<td>☒ American Indian/Alaska Native</td>
<td>☒ Urban</td>
<td>☐ Correctional setting</td>
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<tr>
<td>6-12</td>
<td>☐ Female</td>
<td>☐ Asian/Pacific Islander</td>
<td>☐ Suburban</td>
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<td>13-17</td>
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<td>☐ Black</td>
<td>☐ Rural and/or frontier</td>
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<td>☐ Tribal</td>
<td>☐ Hospital/medical center</td>
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<td>26-55</td>
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<td>☐ Outpatient facility</td>
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<td>55+</td>
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<td>☐ Residential facility</td>
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<td>☐ Information not provided</td>
<td>☐ Other (include computer/internet-based programs here, if they don’t clearly fit elsewhere)</td>
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</table>
### Additional Information

#### Special Populations *(either target of program, or majority of population in one reviewed study)*

- [ ] Co-occurring disorders
- [ ] Couples
- [x] Families
- [ ] Homeless or runaway
- [ ] Immigrant/refugee
- [x] In-home language use (other than English)
- [ ] Justice-involved adults
- [ ] Justice-involved youth
- [ ] Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) ITS (Intersexual)
- [x] Low-income
- [ ] Military or veteran
- [ ] Non-English speaking
- [ ] Older adults
- [ ] Populations affected by Serious Mental Illness (SMI)
- [ ] Populations affected by Emotional Disturbance (ED)
- [ ] Suicidal
- [ ] Transition-aged youth
- [ ] Tribal or American Indian or Alaska Native
- [ ] Victims of trauma or violence
- [ ] Youth in or transitioning out of foster care

#### Program Components* *

**Prevention/Promotion/Treatment:**
- [ ] Academic skills enhancement
- [ ] Drug or alcohol education
- [x] Family support
- [ ] Media literacy or education
- [ ] Media campaign
- [x] Parent management training
- [x] Social skills/life skills training
- [ ] Stress management
- [ ] Youth mentoring
- [ ] Other

**Treatment:**
- [ ] Behavior modification or management
- [ ] Case management
- [ ] Cognitive-behavioral treatment
- [ ] Crisis services
- [ ] Family counseling or therapy
- [ ] Group counseling or therapy
- [x] Home visiting
- [ ] Individual counseling or therapy
- [ ] Medication management
- [ ] Motivational Interviewing
- [ ] Wraparound
- [ ] Other

**Other:**
- [ ] Community mobilization or advocacy
- [ ] Diversion
- [ ] Occupational therapy
- [ ] Peer support
- [ ] Re-entry
Program Description*

Baby TALK Home Visiting is a home-visitation intervention for vulnerable, at-risk children between 0 and 36 months and their families. This program aims to address the mental health needs of young children and provide family support with the goal of reducing risk factors that could cause mental health problems and/or developmental delays. Baby TALK Home Visiting is typically delivered as part of the Baby TALK early intervention model, but can also be delivered as a standalone intervention.

The program focuses on supporting and reflecting/modeling healthy parent–child relationships in the early years to promote mental health and well-being and alter the trajectory of risk in a family’s life. The program is designed around the idea that community-based, early intervention programs may decrease the likelihood of poor outcomes for children, families, and communities.

Baby TALK Home Visiting typically consists of personal encounters in the homes of at-risk families by trained home visitors. Visits take place at least twice per month, with each visit lasting approximately 60 minutes, until the child is 3 years old. Vulnerable families with multiple risk factors may receive increased frequency and intensity of visits with a 60-minute visit once per week. Home visits are designed to include extensive, early childhood family-support services. Home visitors are trained in the Baby TALK curriculum on early development and age-appropriate protocols for guiding interactions with parents and children of the target age ranges. Focusing on the parent-child interactions to engage parents, practitioners work to holistically address the family’s needs and goals while using anticipatory guidance to support them through the child’s developmental milestones. Home visitors may also refer the mother and members of their families to other social services as appropriate. When families present high levels of risk, protocols and curriculum can be tailored to provide the most detailed materials to parents.

The Baby TALK model is composed of four core program components: 1) building a staff of trained Baby TALK professionals to provide relationship-based, universal screening; 2) strategic placement of Baby TALK staff throughout the community; 3) creating a “trustworthy system of care” for participants; and 4) providing extensive, early childhood family-support services through personal encounters that employ Baby TALK “critical concepts” and use Baby TALK protocols and curriculum.

Program Summary*

- This is a home-visitation intervention for vulnerable, at-risk children between 0 and 36 months and their families. This program was rated **promising** for improving family cohesion; for reducing non-specific mental health disorders and symptoms; and for improving cognitive functioning. This program was rated **ineffective** for improving general functioning and well-being.

Evaluation Findings by Outcome

**Outcome #1: Family Cohesion**

<table>
<thead>
<tr>
<th>Outcome Tags</th>
<th>For Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence Rating*</td>
<td>☑ Promising</td>
</tr>
</tbody>
</table>

Effect Size* : 0.35
Lower Confidence Limit* : -0.08
Upper Confidence Limit* : 0.57
### Program Effects Across All Studies*

This program is **promising** for improving family cohesion. The review of the program yielded sufficient evidence of a favorable effect. Based on one study and two measures, the average effect size for family cohesion is .35 (95% CI: -.08, .57).

#### Key Study Findings*

Garcia-Arena et al. (2016) found no statistically significant between-group differences at the 9-month follow up on measures of parenting skills and parent–child dysfunctional interactions.

#### Measures Used*

Garcia-Arena, et al. (2016): Parenting Stress Index, Fourth Edition Short Form, Parent–Child Dysfunctional Interactions; Parent Interaction Survey developed for this study by research team

#### Additional Details

This outcome was also assessed among subgroups based on parents’ age and income (Garcia-Arena et al., 2016). Subgroup findings are not rated and therefore do not contribute to the final outcome rating.

### Outcome #2: Non-Specific Mental Health Disorders and Symptoms

#### Outcome Tags For Snapshot

- ☐ Effective
- ☒ Promising
- ☐ Ineffective

#### Evidence Rating*

- ☒ Promising

#### Effect Size*

- .41

#### Lower Confidence Limit*

- -.20

#### Upper Confidence Limit*

- 1.03

#### Program Effects Across All Studies*

This program is **promising** for reducing non-specific mental health disorders and symptoms. The review of the program yielded sufficient evidence of a favorable effect. Based on one study and one measure, the effect size for non-specific mental health disorders and symptoms is .41 (95% CI: -.20, 1.03).

*Click here* to find out what other programs have found about the average effect sizes for this outcome.

#### Key Study Findings*

No analysis was performed on this outcome measure.

#### Measures Used*

Garcia-Arena et al. (2016): Parenting Stress Index, Fourth Edition Short Form, Difficult Child

#### Additional Details

This outcome was also assessed among subgroups based on parents’ age and income (Garcia-Arena et al., 2016). Subgroup findings are not rated and therefore do not contribute to the final outcome rating.

### Outcome #3: Cognitive Functioning

#### Outcome Tags For Snapshot

- ☐ Effective
- ☒ Promising
- ☐ Ineffective

#### Evidence Rating*

- ☒ Promising

#### Effect Size*

- .59

#### Lower Confidence Limit*

- -.03

#### Upper Confidence Limit*

- 1.21

#### Program Effects Across All Studies*

This program is **promising** for improving cognitive functioning. The review of the program yielded sufficient evidence of a favorable effect. Based on one study and two measures, the average effect size for cognitive functioning is .59 (95% CI: -.03, 1.21).

*Click here* to find out what other programs have found about the average effect sizes for this outcome.
**Program Effects Across All Studies***

This program is **promising** for improving cognitive functioning. The review of the program yielded sufficient evidence of a favorable effect. Based on one study and one measure, the effect size for cognitive functioning is .59 (95% CI: -.03, 1.21).

*Click here* to find out what other programs have found about the average effect sizes for this outcome.

**Key Study Findings***

Garcia-Arena et al. (2016) found a statistically significant effect on children’s language development at the 9-month follow up, with children in the treatment group scoring higher than the control group.

**Measures Used***


**Additional Details**

This outcome was also assessed among subgroups based on parents’ age and income (Garcia-Arena et al., 2016). Subgroup findings are not rated and therefore do not contribute to the final outcome rating.

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**Outcome #4: General Functioning and Well-Being**

<table>
<thead>
<tr>
<th>Outcome Tags</th>
<th>For Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence Rating*</td>
<td>☒ Ineffective</td>
</tr>
<tr>
<td>Effect Size*</td>
<td>.30</td>
</tr>
<tr>
<td>Lower Confidence Limit*</td>
<td>-.31</td>
</tr>
<tr>
<td>Upper Confidence Limit*</td>
<td>.91</td>
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</table>

**For Profile Text**

**Program Effects Across All Studies***

This program is **ineffective** for improving general functioning and well-being. The review of the program yielded sufficient evidence of a negligible effect. Based on one study and one measure, the effect size for general functioning and well-being is .30 (95% CI: -.31, .91).

*Click here* to find out what other programs have found about the average effect sizes for this outcome.

**Key Study Findings***

Garcia-Arena et al. (2016) found no statistically significant between-group differences at the 9-month follow up on a measure of parenting stress levels.

**Measures Used***


**Additional Details**

This outcome was also assessed among subgroups based on parents’ age and income (Garcia-Arena et al., 2016). Subgroup findings are not rated and therefore do not contribute to the final outcome rating.

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**Study Evaluation Methodology**

**Study 1: Garcia-Arena et al. (2016)**

<table>
<thead>
<tr>
<th>Study Tag</th>
</tr>
</thead>
</table>
| Study Design Tag* | ☒ RCT, well-executed  
☐ QED with intact groups/Compromised RCT  
☐ QED without intact group |

**For Profile Text**

**Study Design Narrative***

Families with infants and toddlers were recruited from eight Baby Talk sites in Illinois. Eligible families were randomly assigned, using a computer program, to receive Baby Talk home visitation immediately or to a wait-list control group. Mother–child dyads were randomized by
site and language spoken, to ensure balanced random assignment across these two categories.

The control group families did not receive Baby TALK services until after their 9-month study period, and only received diapers three times during the study period.

**Sample Description**

The initial study sample comprised 62 families with infants or toddlers (33 treatment, 29 control). Mothers’ average age at the initial visit was about 29 years, and their race identification was about 29% black, 35% white, 11% other, and 25% missing. About 56% of families spoke English in the home, whereas about 44% of families spoke Spanish. Approximately 47% of the children were male.

The intervention and control groups were demographically similar at baseline; however, between-group differences were not tested for statistical differences.

**References**

**Studies Reviewed**


**Supplemental Documents**


**Other Studies**

None provided.

**Resources for Dissemination and Implementation**

**Implementation/Training and Technical Assistance Information**

Baby TALK Home Visiting was developed as part of the Baby TALK model in Decatur, Illinois, in 1986. The program supplier, Baby TALK, Inc., estimates that over 200 sites have implemented the program. Implementation sites include Arts of Living Institute of the Catholic Charities, Family Focus–Nuestra Familia, YWCA Lake County, 4-C Community Coordinated Child Care, and Saint Xavier University Early Childhood and Family Center.

Baby TALK is designed to be provided by trained professionals, including early intervention therapists, coordinated intake workers, and hospital specialists. A team of people may implement the intervention through programs that deliver home-visiting services, centers providing childcare, or emergency health services. Agencies such as school districts, social services agencies, or child protective services may also provide the program. Depending upon the intensity of the home-visiting services provided, the typical ratio of providers to clients is 1 per 12 to 24 families.

Baby TALK provides a curriculum that includes foundational developmental information from the perspectives of the child, parent, and professional. In addition, professionals receive protocols to engage children and parents at each stage of development. The curriculum is responsive to research in the field, promotes early childhood literacy, is infused with infant mental health principles, is trauma-informed, and addresses adolescent parenting.
Baby TALK Home Visitors must be trained through Baby TALK Core Certification, provided by Baby TALK, Inc. This in-person training takes place over 4 days. Training is designed to prepare professionals to deliver a range of services and addresses theory and practical application of core methods and strategies related to providing effective early childhood services to families. Newborn Encounter (NE) Training is also available and takes place over 2 days as an in-person training.

Each training participant becomes a member of the Baby TALK Professional Association (BTPA) upon certification. Following training, participants receive consultation based on needs. The Baby TALK Annual Learning Series addresses key content for ongoing professional development. The Baby TALK Model Fidelity Tool and Quality Confirmation Process help in ensuring high-quality standards.

Dissemination Information

Information on Baby TALK Home Visiting is available via the Baby TALK program website and Facebook page. These publicly available materials and resources include research handouts, program fact sheets, sample documentation, and information on training opportunities and processes. Multiple resources for disseminating information are available upon request; these resources include brochures, handouts, and testimonials.

Summary Table of RFDI Materials

<table>
<thead>
<tr>
<th>Description of item</th>
<th>Required or optional</th>
<th>Cost</th>
<th>Where obtained (e.g., URL, from program supplier)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby TALK Core Certification Training. 4-day, in-person training conducted by model experts using the Trainee Manual and Trainer Manual. Intended for direct service staff and supervisors</td>
<td>Required</td>
<td>$895 (can vary)</td>
<td>Contact program supplier: Nichole Kraft <a href="mailto:nichole@babytalk.org">nichole@babytalk.org</a></td>
</tr>
<tr>
<td>Baby TALK Curriculum. Provided in person as part of the Core Certification Training. Includes Home Visit Outlines, provides guidance for structuring time with families. Also available in Spanish</td>
<td>Required</td>
<td>Included with training costs</td>
<td>Contact program supplier</td>
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<tr>
<td>BTPA eNewsletter. Intended for direct service staff and supervisors. Provides ongoing communication and dissemination of new supportive materials and professional development opportunities</td>
<td>Optional</td>
<td>Free</td>
<td>Contact program supplier</td>
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<tr>
<td>Program Implementation Document Templates. Intended for direct service staff and supervisors. Included in training. 1. Screening (BT Parent Information Form, BT Parent Interview Form, BT Screening for</td>
<td>Required</td>
<td>Free</td>
<td><a href="http://www.babytalk.org/baby-talk-program-forms">http://www.babytalk.org/baby-talk-program-forms</a></td>
</tr>
</tbody>
</table>

| Model Fidelity Self-Assessment Tool. Intended for direct service staff and supervisors. Provided during site visits and in virtual groups (online) | Required | N/A | Contact program supplier |
| Quality Assurance Standards and Measures Guide. Provided during site visits and in virtual groups (online). Intended for direct service staff and supervisors | Required | Varies | Contact program supplier |
| Baby TALK Database Tracking System Overview Training. Intended for direct service staff and supervisors. Training provided during site visits and in virtual groups (online) | Required | $600 | Contact program supplier |
| Baby TALK Database Webinar. Recorded Webinar available on website for BTPA member. Intended for direct service staff and supervisors | Required | Free | [http://www.babytalk.org](http://www.babytalk.org) |

**Dissemination Information**

| Brochure: “What is Baby TALK?” 4-panel brochure intended for interested practitioners | Optional | Free | Contact program supplier |
| Handouts and documents intended for interested practitioners. Topics include Model Components: Critical Concepts, 12 Word Model, Protocol Template & Sample Protocol, The Baby TALK Model Whitepaper, Baby TALK Model Training Fact Sheet, Baby TALK Model Training Objectives. Intended for interested practitioners | Optional | Free | Contact program supplier |
| Testimonials from previously trained professionals. Intended for interested practitioners | Optional | Free | Contact program supplier |
| Baby TALK website and social media pages. Intended for the general public and interested practitioners | Optional | Free | [http://www.babytalk.org](http://www.babytalk.org) [https://www.facebook.com/babytalkprofessionalassociation/](https://www.facebook.com/babytalkprofessionalassociation/) |
| Sample documents and templates for professionals and organizations implementing Baby TALK. Includes sample programming brochures, sample Facebook page, and sample | Optional | Free | Contact program supplier |
press release for professionals who have completed training

*Date profile completed: December 15, 2016*