In Baltimore, home visitation programs take two primary forms—those that send nurses into homes and those that send paraprofessionals. Under the Baltimore City Health Department’s Maternal and Infant Nursing Programs, 13 nurses visit the homes of pregnant women at risk of adverse health outcomes. Because the program receives approximately 5,000 referrals per year, its nurses target those mothers deemed most at risk. Under the Health Department’s Healthy Start program, nurses provide pre- and postnatal services to women and their children, including home visitation, in two Baltimore neighborhoods. The Success by Six program also provides home visitation in seven other neighborhoods, although its home workers are paraprofessionals and not nurses. The program is being implemented by the Family League of Baltimore City, the Safe and Sound Campaign, and the United Way of Central Maryland. The Johns Hopkins School of Medicine has begun collecting outcome and impact data, although it has yet to publish its initial findings.

Family and Parent Programs

Success by Six and other programs in Baltimore, such as the Family League of Baltimore City’s Comprehensive Youth Strategy, focus on strengthening family relationships and improving parenting skills. Such family-based interventions are a logical method of violence prevention, given the role that parent-child bonds (or the lack of them) play in the development of antisocial and violent behavior. The evidence that these programs can reduce violence is mixed. One of the most common family-focused interventions is parent training. These programs may include instructing parents on how to set clear expectations for their children’s behavior, monitor behavior, reinforce positive behavior, and develop effective communications skills. Such training has been found to reduce poor family parenting practices, early aggressive behaviors, and conduct problems. On the other hand, other research has shown that families are less likely to benefit from parent training if the parents have limited economic resources, mental health problems, little social support, or serious marital conflict. These families may benefit from more intensive interventions, such as family functional therapy or multisystemic therapy.

Another common family-focused intervention is family functional therapy (FFT). This program, which aims to increase communication and problem solving in families, is one of the model programs included in University of Colorado’s Center for the Study and Prevention of Violence’s Blueprints for Violence Prevention model programs. Research has suggested that FFT can reduce antisocial and violent behavior among youth and prevent adolescents from entering the adult criminal justice system. It has also been found to improve family communications and lower recidivism among youth. Multisystemic therapy (MST) is another model program in the Blueprints series. It may involve community members, but its central focus is on a youth’s family. It specifically targets chronic, violent, or substance abusing youth aged 12 to 17. Therapists with low caseloads work closely with families in their homes in an effort to identify the individual, family, peer, school, and neighborhood factors that are contributing to a youth’s problems. Some research has shown MST helps reduce abuse and neglect of elementary-

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*a The Blueprints series includes a dozen programs selected from a review of 600 violence prevention programs. The programs were selected for having been rigorously evaluated and for having provided evidence of reductions in violent behavior, delinquency, or drug abuse among youth.*
References


6. Ibid.

7. Ibid.


NOTE: PLEASE CITE SOURCES CONSECUTIVELY, AS THEY APPEAR IN THE PAPER. THERE IS NO NEED TO PROVIDE A SEPARATE, ALPHABETICAL LIST OF REFERENCES.