

1. **Oppenheim-Weller S, Zeira A, Mazursky N. (2020). Evaluating SafeCare® in Israel: Benefits for the families. Child & Family Social Work.**

<https://doi.org/10.1111/cfs.12741>

Abstract

SafeCare® is a home-based intervention programme targeting parents of children up to 5 years old and is designed to reduce and even prevent child abuse and neglect. Here, we present an evaluation of a pilot trial of SafeCare® in Israel, examining family's outcomes. We examined parents' behavioural changes resulting from the three main modules of SafeCare®: the Health, Safety, and Parent-Child/Infant Interaction. We also studied the unplanned effects of SafeCare® by examining maternal depressive symptoms. Participants were 46 mothers with children identified as being at risk of neglect by the local Department of Social Services who completed the programme. The mothers filled out questionnaires at the beginning and at the end of their participation. After completing the programme, mothers' self-reports showed changes in how they would treat a sick child, an increase in feelings of competency, and a decline in symptoms of depression. We thus conclude that SafeCare® helped the participating mothers, enhancing their feelings of competency and changing several of their behaviours.

2. **Hambrick, E. P., Oppenheim-Weller, S., N'zi, A. M., & Taussig, H. N. (2016). Mental health interventions for children in foster care: A systematic review. *Children and youth services review, 70, 65-77.***

Children in foster care have high rates of adverse childhood experiences and are at risk for mental health problems. These problems can be difficult to ameliorate, creating a need for rigorous intervention research. Previous research suggests that intervening with children in foster care can be challenging for several reasons, including the severity and complexity of their mental health problems, and challenges engaging this often transitory population in mental health services. The goal of this article was to systematically review the intervention research that has been conducted with children in foster care, and to identify future research directions. This review was conducted on mental health interventions for children, ages 0 to 12, in foster care, using ERIC, CINAHL, PsycINFO, PubMed, ProQuest's Dissertation and Theses Database, Social Services Abstracts, and Social Work Abstracts. It was restricted to interventions that are at least "possibly efficacious" (i.e., supported by evidence from at least one

randomized controlled trial). Studies were evaluated for risk of bias. Ten interventions were identified, with diverse outcomes, including mental health and physiological. Six interventions were developed for children in foster care. Interventions not developed for children in foster care were typically adapted to the foster context. Most interventions have yet to be rigorously evaluated in community-based settings with children in foster care. Little research has been conducted on child and family engagement within these interventions, and there is a need for more research on moderators of intervention outcomes and subgroups that benefit most from these interventions. In addition, there is no consensus regarding how to adapt interventions to this population. Future research should focus on developing and testing more interventions with this population, rigorously evaluating their effectiveness in community-based settings, determining necessary adaptations, and identifying which interventions work best for whom.

3. Oppenheim-Weller, S., & Zeira, A. (2018). SafeCare in Israel: the challenges of implementing an evidence-based program. *Children and youth services review, 85*, 187-193.

Evidence-based intervention programs which are aimed at preventing child [maltreatment](#) are being implemented in diverse cultures and contexts. Implementing a program in a different context than the one for which it was developed can potentially affect fidelity, hence implementation should be conducted cautiously. One such widely implemented program is SafeCare®, a home-based parent support intervention for children ages 5 and younger. SafeCare® has been effective for families reported for or at-risk for child maltreatment. It utilizes three modules (trained skills). In this study we explore the implementation process of SafeCare® in Israel. We suggest that there are two types of possible and interrelated adaptations in order to successfully implement a program with a new population: procedural and content adaptations. We interviewed five of the mothers who participated in the program and three of the social workers and we referred directly to the adaptation process. Overall, the mothers and social workers perceived SafeCare® as an efficient, effective program, and appreciated the home-based component and the relationships with the home visitors. Several procedural and content adaptations were described, concerning language, recruitment process, engagement techniques and the ways to evaluate the program's effectiveness.

- 4. Oppenheim-Weller, S., Schwartz, E., & Ben-Arieh, A. (2017). Child involvement in treatment planning and assessment in Israel. *Child & Family Social Work, 22*(3), 1302-1312.**

What can facilitate at-risk children's involvement in treatment planning and assessment? We examine this question by investigating the perceptions, attitudes, and characteristics of Israeli social workers. We examine whether their seniority, views on the importance of children's participation, and their attitudes toward parents are related to their report of at-risk children's involvement in treatment planning and placement decisions. At-risk children's involvement includes preparing them to appear before the committees that handle placement decisions for youth and the social workers' willingness to consider children's opinions. Eighty coordinators of these committees in social services departments in Israel participated. Our findings indicate that, based on the coordinators' answers, at-risk children are more likely to be involved in treatment planning and assessment committees when the child protection officers prepare parents prior to participating in the committee meetings, and when the coordinators assigned the case are more senior. The influence of children's opinions on the decisions of the committees was predicted by the weight their parents' opinions carried and whether their parents received any relevant materials prior to the committee meetings. Our findings highlight the importance of involving parents in treatment planning and assessment committees' decision making.

- 5. Shaheen, M. M., Oppenheim, S., & Abdeen, A. B. T. (2016). Youth resilience makes a difference in mitigating stress: teacher mediated school intervention in Bethlehem. *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 14*, 305-19.**

This study examined the implementation of the Enhancing Resiliency Amongst Students Experiencing Stress intervention, which is a teacher mediated, evidence based school intervention, targeting youth who have been exposed to ongoing conflict. Our hypothesis was that posttraumatic symptom levels can be reduced when youth have higher levels of ego resilience and that this can be achieved through a teacher mediated, school intervention. We found that ego resilience is negatively related to posttraumatic symptom levels, while anxiety levels and impairment in functioning are positively related. However, in contradiction to our hypotheses, we also found that the school intervention was not sufficient to contribute significantly between the pre and post measures and resulted in higher levels of posttraumatic symptom levels, anxiety levels and impairment in functioning. These findings are explained within the context

of the harsh environment in which the students and their families live. Additionally, our findings indicate that implementing a school intervention within the context of continuous exposure to traumatic events may require a more holistic approach.