

Parent Education & Training Programs in a Child Welfare Population:

A Review of the Evidence

Executive Summary

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Background

Child maltreatment is one of the most serious risks to healthy emotional development (Johnston, Kendrick, Polnay & Stewart-Brown, 2006) and is the largest single risk factor associated with developmental psychopathology (Brooker, 2001). State child protective services agencies substantiated 690,061 reports of child maltreatment in the United States during 2008 (U.S. DHHS, 2010a). Of these, 4,033 reports were in Maine - 1.4% of the state's children (U.S. DHHS, 2010a). Although child maltreatment rates were at a five-year low in 2008, child abuse and neglect clearly continues to be a serious problem, requiring a coordinated and thoughtful response from the public child welfare system.

Reunification with birth parent(s) was the goal in 49% of open child welfare cases nationwide (U.S. DHHS, 2010a), highlighting the importance of direct intervention with parents to address maltreatment concerns and prevent future occurrences in order to ensure child safety and permanency. Forty-three percent of child victims of maltreatment received in-home services post-investigation in the United States during 2008 (U.S. DHHS, 2010b). These families need intensive services that are responsive to the complexity of their social, emotional, and environmental needs. Compared with other parents, parents who have maltreated their children are generally less positive, supportive, and nurturing; and tend to be more negative, hostile and punitive (Johnston et al., 2006; Pianta, 1989). Compounding the issue, parents involved in the child welfare system often have a myriad of social stressors such as poverty and low educational attainment that make compliance with supportive services challenging (Johnston, et al., 2006).

Parenting programs are widely used in services for maltreating parents and often mandated by courts and state agencies (Webster-Stratton & Reid, 2010). These short-term, group-based interventions are meant to strengthen the parent-child relationship by changing the parent's attitudes and skills (Johnston et al., 2006). Psychoeducational and cognitive-behavioral strategies are used to help parents establish realistic expectations of their child, increase use of positive discipline strategies, and improve the parent's ability to nurture their child. These behavior based parent education and training programs have repeatedly been shown to be effective in the prevention and treatment of conduct problems in children (Brestan & Eyberg, 1998; Garland, Hawley, Brookman-Frazee, & Hurlburt, 2008). Despite the widespread use of these interventions with families in the child welfare system, research is seriously lacking to verify the effectiveness of these models with this population (Dore & Lee, 1999; Johnston et

al., 2006). Most studies of parent education and training models in child welfare services study parents at-risk of child maltreatment, rather than parents who have a substantiated history of child abuse and neglect (Dore & Lee, 1999). Prevention-oriented programs are designed for a broader population and often focus on the cognitive and affective components of parenting, rather than active skills practice focused on changing behavior and maintaining results. The goals and approach of a prevention-oriented intervention may fundamentally differ from a more intensive treatment or intervention approach. Since the focus of much of the research is on primary and secondary prevention models, it is unclear to what degree, if any, these models are appropriate for the child welfare population.

Furthermore, studies of parent education and training in child welfare populations focus on child/parent functioning and quality of relationships, rather than safety and permanency outcomes such as out-of-home placement rate, reunification rate, and repeat reports of child maltreatment (Johnston et al., 2006). High attrition rates in found in studies of parents at risk of child maltreatment impede the ability to interpret the results and generalize them to the wider population.

This review compares and contrasts the utility of the most widely used and disseminated models of parent training and education according the strength of the empirical evidence and their relevance to parents with substantiated histories of child maltreatment.

Method

A literature search was conducted using academic databases such as Academic Search Premier and Sage Journals Online with search terms including, “child welfare”, “family reunification”, “parent training”, “parenting classes”, and “child maltreatment”. Several review articles and meta-analyses were read with attention to studies including samples representative of families involved in the child welfare system. Studies using single-subject or case study designs, or that lacked a comparison group, were excluded from this review. Research must be published in peer-reviewed empirical journals for review. Qualifying studies were reviewed for relevance to the target population, use of intervention/curriculum with a sound theoretical basis, strength of research methodology, and outcomes/results. From this information, a rating of the level of scientific evidence for each intervention was established according to a rating scale adopted by the Maine Department of Health and Human Services Children’s Services Evidence-Based Practice Advisory Committee. This scale is consistent with a ratings system developed by the American Psychological Association (Chambless et al., 1996).

Web-based registries of evidence-based practices were consulted to crosscheck findings. These registries included the California Evidence-Based Clearinghouse for Child Welfare, the OJJDP Blueprints Programs, and the SAMHSA National Registry of Evidence-based Programs and Practices.

Findings

Models with Established Scientific Evidence

Incredible Years: The Incredible Years is one of the most thoroughly studied parenting interventions, with over eleven randomized controlled trials (RCTs) consistently showing positive outcomes in

parenting skills, parent, and child functioning. Specifically, this program has been proven to significantly reduce child aggression while increasing parenting competence, affect, and use of effective discipline for children with early-onset conduct problems and their parents (Taylor, Schmidt, Pepler & Hodgins, 1998; Webster-Stratton, 1984; Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid & Hammond, 2004).

The Incredible Years model spans a wide age range, from infants to pre-adolescents, and has been successfully delivered in-group settings at provider agencies, in schools, and in Head Start programs. Parents learn to recognize and appropriately respond to their child's needs and behaviors through psychoeducation, video modeling, role-plays, and other exercises.

Although originally designed to address child conduct problems, the model has been adapted for special populations, including parents involved in the child welfare system. Limited research shows preliminary evidence for the model's effectiveness and utility with this particular group (Webster-Stratton & Reid, 2010). In one study of Incredible Years at a Head Start Program, 20% of parents reported past involvement with child welfare services (Webster-Stratton, 1998). Further analysis of the data specific to this group of parents revealed that all parents, irrespective of history of child maltreatment, significantly improved in observed parenting practices compared with a control group (Hurlburt, Nguyen, Reid, Webster-Stratton & Zhang, in press). However, parents with past involvement with child welfare services were initially more negative and practiced less positive parenting practices compared with other parents (Hurlburt et al., in press; Webster-Stratton & Reid, 2010). Furthermore, in a randomized trial of the Incredible Years with paired teams of foster and biological parents, parents receiving the intervention showed significant improvement in positive parenting practices and collaborative co-parenting (Linares, Montalto, Li, & Oza, 2006). Although preliminary, these results suggest that the Incredible Years has promise as an effective intervention with parents involved in the child welfare system.

Parent-Child Interaction Therapy (PCIT): PCIT is an intensive parent-child treatment for young children and their parent(s) in which the therapist coaches the parent to change their patterns of interaction with their child. Although PCIT does not follow the format of a traditional parent education curriculum program, it employs similar behavioral parent training methods such as role-playing, active coaching, and skills practice. In multiple RCTs with various populations, PCIT was shown to reduce disruptive behavior, increase positive parenting behaviors, and decrease negative parent behaviors (Bagner & Eyberg, 2007; Eyberg, Boggs & Algina, 1995; McDiarmid & Bagner, 2005).

PCIT has begun to be adapted and tested with maltreating parents. In an RCT with parents who physically abused their child, parents who received PCIT had significantly fewer re-reports of child abuse and reduced their negative parenting behavior (Chaffin, Silovsky, Funderburk, et al., 2004). Another study found that including a motivational intervention during the orientation process significantly reduced treatment attrition for parents receiving child welfare services (Chaffin, Valle, Funderburk et al., 2009), an important finding given that 50-80% of these parents who begin parent training programs do not complete them (Webster-Stratton & Reid, 2010).

Parent Management Training-Oregon Model (PMTO): PMTO is a behavioral parent training and education model designed and tested with groups of parents of children ages 4-12 with moderate to severe disruptive behaviors. PMTO supports parents to increase positive parenting behavior such as establishing systematic consequences, monitoring behavior, and initiating and maintaining positive interactions with their child.

RCTs in the United States and Norway have shown significant reductions in disruptive behavior and improvements in positive parenting skills (Patterson, Chamberlain & Reid, 1982; Ogden & Amlund Hagen, 2008; Wiltz & Patterson, 1974). Although PMTO has been adapted and studied with Latinos and stepfamilies (DeGarmo & Forgatch, 2007; Martinez & Eddy, 2005), it has never been researched with parents at risk of or with histories of child maltreatment. Despite its strong theoretical and empirical underpinnings, the relevancy of the model to child welfare is questionable at this point without further research.

Positive Parenting Practices (Triple P): Triple P is a multilevel, tiered system of prevention, parenting education, and family support, which allows for an individualized approach according to a family's level of need. The model integrates several levels of intervention, from a population-based preventative approach to intensive one-to-one models for parents in need of considerable support. This allows a service system to provide a spectrum of services to families, from a public-health oriented community education approach to intensive parent supports.

Triple P has some of the most robust empirical evidence in the field. Numerous RCTs have shown that families receiving Triple P significantly improve reduce disruptive behavior and dysfunctional parenting (Bor, Sanders, & Markie-Dadds, 2002; Leung, Sanders, Leung, Mak, & Lau, 2003; Sanders, Markie-Dadds, Tully, & Bor, 2000). Furthermore, Triple P has been successfully replicated with diverse populations, from families with children with developmental disabilities to indigenous Australian families (Leung, Sanders, Leung, Mak, & Lau, 2003; Turner, Richards, & Sanders, 2007).

The model is also gaining relevancy for the child welfare population. A recent randomized population trial of Triple P in the United States found significantly lower rates of substantiated child maltreatment, out-of-home placement, and child injuries due to maltreatment in counties that disseminated Triple P compared with counties that provided services as usual (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). An adaptation for parents at risk of, or who have perpetrated child maltreatment, is currently in use (Pathways Triple P). Triple P also has the ability to be delivered in the home or in groups, increasing the practitioner's flexibility.

Promising Models

Homebuilders: Homebuilders is an intensive family preservation and reunification model providing "wraparound" services to families at risk of or already involved in child welfare services. Families are given support, education, and coaching in their home with 24-hour access to consultation. One study of families that received Homebuilders had children who returned home at a significantly higher rate, spent less time in substitute care, and remained home in greater numbers in an RCT (Fraser, Walton, Lewis, Pecora, & Walton, 1996). However, a six-year follow-up of this study revealed that these initial

treatment effects were not maintained; children in families that received Homebuilders did not differ to the extent to which they received services or days of involvement in the public child welfare system (Walton, 1998). Despite its relevance to the child welfare population, the mixed results of the research suggest adopting this model with caution.

Parents as Teachers - Born to Learn: Parents as Teachers is a preventative home-visiting model that serves all families regardless of risk. The model seeks to improve early childhood functioning and school readiness outcomes, including prevention of child abuse and neglect. Outcomes studies found that Parents as Teachers resulted in significant improvements in certain markers of child development such as task mastery, parent knowledge of child development, and school readiness (Drotar, Robinson, Jeavons, & Kirchner, 2009; Pfannenstiel, Seitz, & Zigler, 2002). However, a replication with low-income families with young children revealed no difference in outcomes between parents receiving Parents as Teachers and a control group (Wagner, Spiker, & Linn, 2002). Two more demonstrations revealed small and inconsistent results in strengthening parenting skills and promoting school readiness (Wagner & Clayton, 1999). Recent meta-analyses found home-visiting programs to be of some help to families in the general population, but the extent to which that help is worth the cost continues to be unclear (Sweet & Appelbaum, 2004).

One of the stated goals of the Parents as Teachers model is the prevention of child abuse and neglect. However, the extent of the model's impact on this goal remains undetermined. Wagner and Clayton (1999) found a small but significant impact on the likelihood of future child welfare involvement in a sample of teenage mothers who received case management and Parents as Teachers. Further study is needed to replicate and extend these results.

Emerging Models

Strengthening Families Program (SFP): SFP is a preventative model designed to improve parent-child interaction and decrease the risk of future substance abuse. The model is universal in that it can be used with families in the general population. Although several cultural adaptations have been made, these adaptations have yet to be tested and the model has not been adapted to respond to families with a higher level of risk or need.

Studies of SFP have shown the model is effective in preventing future substance use and aggressive behavior in children, increasing use of positive parenting skills, and improving the quality of the parent-child relationship (Spoth, Redmond, & Shin, 1998; Spoth, Redmond, & Shin, 2000). The positive outcomes related to substance use prevention have earned SFP distinction as an "exemplary" practice by the Office of Juvenile Justice and Delinquency Prevention as well as inclusion as one of its "Blueprints" programs. However, these results are based on studies deriving from on a single sample with using questionable research methods, emphasizing the need for more robust research to verify the model's efficacy. Furthermore, the sample used in these studies was homogenous - mainly Caucasian, average income levels, and average educational attainment. In contrast, parents who maltreat their children tend to have low educational attainment, low income, and more psychosocial stressors (Webster-

Stratton & Reid, 2010). Therefore, it is difficult to draw parallels to a population of parents typically involved in the child welfare system and the families studied with SFP.

SFP has not been specifically adapted for or studied with parents involved in child welfare systems. The model is designed for a group setting and although the developer has provided some guidelines for adapting the model for in-home use, training and research specific to the in-home approach is lacking.

SafeCare / Nurturing Program: The remaining two models are parent education programs specifically aimed at families at risk of or who have committed child maltreatment. SafeCare targets families with children ages 0-5 years and provides home visitors that work with families to improve parenting skills, home safety, and ability to address their child's health needs. The model has been evaluated in several small studies, some with comparison groups, but no randomized controlled trials. The research shows preliminary results in decreasing recidivism for child maltreatment, use of effective parent-child interaction, and maintenance of home safety. More studies with stronger research methodology are needed.

The Nurturing Program serves families with children ages 0-18 years and can be provided in the home or in a group setting. The program seeks to prevent and treat child abuse and neglect by educating parents on age-appropriate expectations, using non-punitive discipline strategies, and increasing parental self-awareness and coping skills. The research on this model is lacking, with only small case studies or pre-post studies to measure its outcomes.

Conclusions

In evaluating programs for potential implementation, three main factors must be considered: Relevance to the target population, evidence for effectiveness, and cost-benefit.

- **Relevance:** Of the models reviewed, only Homebuilders, SafeCare, and Nurturing Program target parents involved in the child welfare system, but the evidence for their effectiveness with this population is lacking. However, other models with proven outcomes such as the Incredible Years and Triple P are quickly emerging as promising interventions for this population. As these models continue to be adapted and studied relative to this, it is likely that research will add to their already strong base of evidence. Although other models, such as the Strengthening Families Program, are being used in child welfare services the lack of adaptation for this population suggests these programs may not target the unique needs of this population.

Adapting approaches to meet the special needs of this population is important, since many of these families do not complete services. The ability to use an intervention in both a group setting where families can benefit from mutual support, and in the home where many families are primarily served, is important. Of the interventions with strong research support, only the Triple P program has specific training and adaptations available that allow the practitioner to customize the approach for the family's needs, both in location and level of care, including parents involved in the child welfare system.

Finally, universal preventative models such as Parents as Teachers and the Strengthening Families Program are less likely to meet the intensive service needs of parents who have maltreated their children. Because they are geared for use with any family, these approaches are likely over-generalized for this population.

- **Evidence:** Clearly, the Incredible Years, PCIT, PMTO, and Triple P have the strongest and most comprehensive research evidence for their effectiveness. However, PMTO has not been tested at all with the child welfare population. These models have strong evidence for the prevention and treatment child conduct problems, and increasing positive parenting skills, both important in serving families involved in the child welfare system. However, only Triple P has shown positive results in child welfare outcomes such as maltreatment rates and out-of-home placement.
- **Cost-Benefit:** The models that have the best evidence are often the most expensive. This is due to the extensive training, supervision, and outcomes tracking required to ensure that the program is being delivered with fidelity to the model. For example, the initial training for 20 staff in Triple P costs over \$40,000 while on-site training for 20 practitioners in the Incredible Years can cost \$8000 per day plus travel. These costs are amplified when attrition and the need to re-train staff are taken into account. Therefore, it is important to build internal capacity for continued training and supervision in order to keep costs down. The Incredible Years model allows practitioners to be certified as mentors and trainers. Because it is also highly appropriate for children involved in mental health systems, there is potential for synergizing funding efforts across systems. PCIT is more cost-prohibitive due to high training costs per practitioner, special equipment needs, and lack of a mechanism to certify on-site trainers. PMTO is also very costly and lacks a strong dissemination system that would make a large-scale implementation cost-effective.

In contrast, Strengthening Families Program is relatively low-cost with a one-time price of \$3000-5000 for the provider training. However, because there is no follow-up supervision or fidelity monitoring required or suggested, treatment drift is a very real possibility leading to diminished outcomes and therefore wasted funds.

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