Assessing Parent Education Programs for Families Involved with Child Welfare Services

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Assessing Parent Education Programs
for Families Involved
with Child Welfare Services:
Evidence and Implications

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SUMMARY. Parent education programs may be offered or mandated at various stages of the child welfare services continuum. However, little is known regarding their efficacy in addressing the parenting problems that bring families to the attention of child welfare services. This article synthesizes outcome data generated from 58 parenting programs with families determined to be at-risk of child maltreatment and/or abusive or neglectful. It places parent education programs within the broader context of research on effective parenting as well as the leading etiological

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models of child maltreatment to assess the evaluations of these programs
with regard to methodological rigor as well as theoretical salience. Prac-
tical and theoretical implications are presented along with recommenda-
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INTRODUCTION

With over 500,000 children currently in out-of-home care and
more than a million families receiving child welfare services to
maintain the safety and well-being of their children in their homes
(NCCAN, 2003), it is apparent that large numbers of parents engage
in behaviors that are determined to be harmful to their children. As a
function of their involvement with the child welfare services system,
it has been estimated that approximately 850,000 families in the U.S.
participate in voluntary or court-mandated parent education pro-
grams each year (Barth et al., 2005). Parent education programs,
whether explicit or implicit, assume an underlying theory of action;
that is, intervening with parents directly can improve (a) parenting
skills and capacities, (b) certain child outcomes, and, ultimately, (c)
can reduce the future risk of maltreatment. Therefore, training for bi-
ological parents may be provided at various stages of the child wel-
fare services continuum: as a preventative measure to strengthen and
preserve at-risk families or as a response to prevent the recurrence of
child maltreatment either in intact families or in families where chil-
dren have been placed in out-of-home care.

Despite the widespread development and implementation of parent-
ing programs for families that come to the attention of the child welfare
services system, little is known about their effectiveness in preventing
child maltreatment. The primary focus of this report is to synthesize
outcome data generated from parenting programs with families deter-
mined to be (a) at-risk of child maltreatment and/or (b) abusive or ne-
glectful. By placing these findings within the broader context of
research on effective parenting as well as parenting among maltreating

families, our goal is to create a template onto which we map both what are thought to be key intervention elements of parenting programs as well as the key outcomes that have been measured. This report is divided into four sections. We first describe what is understood to be effective parenting in order to frame the context of parenting for families that come to the attention of the child welfare services system. The framework and methods of the review are presented second, followed by major findings and implications for practice.

EFFECTIVE PARENTING

The knowledge, skills, and behaviors that are associated with effective parenting have been defined over time by normative standards regarding the parenting role. Three major bodies of research inform our current understanding of effective parenting: (a) studies examining the effects of parenting styles on child outcomes (see Baumrind, 1978; Dornbusch et al., 1987; Steinberg, Elmen, & Mounts, 1989; Steinberg, Lamborn, Dornbusch, & Darling, 1992; Pettit et al., 2001); (b) studies examining parental affective and behavioral characteristics associated with positive parenting (see Holden, 1983; Gardner, 1987; Pettit & Bates, 1989; Dix, 1991; Grusec & Goodrow, 1994; Rusell & Russell, 1996; Russell, 1997; Hoghughi & Speight, 1998; DeKlyen, Speltz, & Greenberg, 1998; Gardner, Sonuga-Barke, & Sayal, 1999; Gardner, Ward, Burton, & Wilson, 2003); and (c) studies examining contextual factors and parenting strategies associated with family resilience (see Belsky, 1984; Jarrett, 1999; Taylor, Spencer, & Baldwin, 2000; Murry et al., 2001; Walsh, 2002; Hess, Papas, & Black, 2002; Conger & Conger, 2002; Kotchick & Forehand, 2002; Orthner, Jones-Sanpei, & Williamson, 2004; Armstrong, Birnie-Lefcovitch, & Ungar, 2005).

Parenting Styles

Classic studies of parenting styles form the foundation of the early modern research regarding parenting effect on child socialization and academic achievement (see Baumrind, 1967, 1971, 1978). These studies distinguish parental styles on the three domains of parental responsiveness/warmth, psychological autonomy, and behavioral control/demand, and associate parenting success with the extent to which these elements are present in the parent-child relationship: (a) *authoritarian* parents exhibit higher levels of control/demand, and lower levels of pa-

rental warmth and autonomy, and tend to raise children who are relatively discontent, withdrawn, and distrustful; (b) *permissive* parents exhibit lower levels of control/demand, and higher levels of warmth and autonomy, and tend to raise relatively less socially responsible and less independent children; and (c) *authoritative* parents exhibit higher levels of control/demand, autonomy, and warmth, and tend to raise children who are socially responsible and independent. Thus, an "authoritative" parenting style can be characterized as the benchmark for successful parenting, and subsequent studies suggest that this style of parenting is related to increased child academic success and psychosocial maturity (Dornbusch et al., 1987; Steinberg, Elmen, & Mounts, 1989; Steinberg, Lamborn, Dornbusch, & Darling, 1992).

Parental Characteristics

In addition to refining categories of parental styles, latter research also identifies "proactive" behavioral and affective parenting characteristics associated with positive parenting and reduced occurrence of child misbehavior and conduct problems. Specifically, it suggests that the following parental techniques have beneficial impacts on promoting healthy parent-child relationships and preventing and/or reducing occurrences of undesirable child outcomes or behaviors: (a) engaging in "pre-emptive" positive involvement with the child, such as joint play or conversation Holden, 1983; Gardner, 1987; Pettit & Bates, 1989; Dix, 1991; Gardner, Sonuga-Barke, & Sayal, 1999; Gardner, Ward, Burton, & Wilson, 2003); (b) demonstrating warmth/affection to the child, such as expressing sensitivity and empathy, responding positively, and showing respect and encouragement Russell & Russell, 1996; Russell, 1997; DeKlyen, Speltz, & Greenberg, 1998); and (c) employing specific parental interaction strategies, such as reasoning, negotiation, and compromise, use of humor, and use of incentives (Grusec & Goodrow, 1994; Gardner, Sonuga-Barke, & Sayal, 1999; Kaplan & Owens, 2004). Hoghughi and Speight (1998) summarize these components of "good parenting" as the provision of love, care and commitment; control/consistent limit setting; and facilitation of development.

Parenting Context and Resilience

Contextual and environmental factors often impact parental ability to implement these proactive strategies and develop positive parental characteristics. Belsky's research on the process model of competent

parenting recognizes multiple and layered parenting domains, and identifies three general sources of influence on parental functioning: (a) personal psychological resources of parents, (b) characteristics of the child, and (c) contextual sources of stress and support, specifically, marital relationships, social networks, and employment status (Belsky, 1984). While parenting research has generally focused on the first component of Belsky's model (i.e., personal parental characteristics and behaviors) within primarily middle-class, white, and intact family samples, research has increasingly recognized and examined contextual influences on parenting competence, particularly within minority samples and samples of lower socioeconomic status. Family resilience research suggests that the following factors have protective influences on families in conflict or at risk for deleterious child outcomes: (a) positive child characteristics and behaviors, such as child warmth/affection and an "easy" temperament (Russell, 1997; Hess, Papas, & Black, 2002; Kaplan & Owens; 2004); (b) positive family belief systems, such as making meaning of adversity, positive outlook, and transcendence and spirituality (Walsh, 2002; Kaplan & Owens, 2004); (c) flexible, cohesive, and connected family organizational patterns (Hess, Papas, & Black, 2002; Walsh, 2002); (d) clear family communication patterns that are open to emotional sharing and promote collaborative problem-solving (Conger & Conger, 2002; Walsh, 2002; Kaplan & Owens; 2004; Orthner, Jones-Sanpei, & Williamson, 2004); (e) positive marital quality(Bronstein, Clauson, Stoll, & Abrams, 1993; Russell, 1997; Conger & Conger 2002); and (f) access to social and economic resources, such as supportive social networks and good housing (Taylor, Spencer, & Baldwin, 2000; Murry et al., 2001; Walsh, 2002; Kaplan & Owens; 2004; Orthner, Jones-Sanpei, & Williamson, 2004).

Implicit assumptions based on "effective parenting" about the appropriate use and expression of parental control, degree of parent and child interaction, and level of parental warmth and affection structure the goals of many parenting programs. However, parental characteristics associated with child maltreatment such as poverty, depression, substance abuse, single parenthood, poor problem-solving skills and social isolation are also those that have been found to predict attrition and poorer outcomes in parent training programs (Dore & Lee, 1999). Furthermore, evidence is accumulating to suggest that demographically similar maltreating parents and non-maltreating caretakers differ in important ways, such as having higher levels of anger, stronger beliefs in corporal punishment, less empathy, more role reversal, and higher levels of psychopathology (e.g., Mennen & Trickett, 2006). Therefore, to

be effective, parenting programs geared to maltreating parents have the special challenge of addressing the underlying etiology of child maltreatment that not only shapes parenting but also informs program engagement and retention.

ETIOLOGICAL MODELS OF CHILD MALTREATMENT

While there is general consensus that child maltreatment results from a complex interplay between child, caregiver and family characteristics, as well as particular socio-contextual factors (e.g., see Azar, Povilaitis, Lauretti, & Pouquette, 1998; Belsky, 1980; Cichetti & Toth, 2005; Garbarino & Eckenrode, 1997; Gelles, 1985), models of maltreatment differ in terms of the relative emphasis each place on specific aspects of the ecology and the mechanisms by which specific characteristics and conditions combine to raise the likelihood of maltreatment. Despite these differences, aspects of the caregiving environment, such as parenting beliefs, behaviors, and the quality of parent-child interactions and relationships, consistently emerge as key etiological factors in child maltreatment and, indeed, are thought to be critical levers for intervention (Azar, Nix & Makin-Byrd, 2005; Azar et al., 1998). Emergent literature on so-called "risky families" lends additional support to the salience of poorly functioning caregiving environments. Characterized by high levels of aggression and conflict as well as cold and unsupportive relationships, these caregiving environments place children at substantial risk for poor health and mental health outcomes (Repetti, Taylor, & Seeman, 2002). Finally, a robust line of research suggests that social contextual conditions (e.g., low SES, lack of job opportunities, stressors) exert their influence on maltreatment through their effects on parent distress and parenting practices (Conger, Ge Elder, Lorenz, & Simons, 1994; Duncan, Brooks-Gunn & Klebanov, 1994; McLoyd, 1998). In other words, while child maltreatment has multiple determinants at multiple ecological levels, the caregiving environment constitutes an important pathway between caregivers' personal and social characteristics and child outcomes.

PARENTING ISSUES AMONG MALTREATING FAMILIES

Theoretical and empirical work suggests that there are five core domains of parenting difficulty vithin maltreating families. These include

deficiencies in (a) social cognitive processing, (b) impulse control, (c) parenting skills, (d) social skills, and (e) stress management (Azar, et al., 2005; Azar, et al., 1998). These domains, which are briefly described below, are thought to generalize across most maltreatment types; that is, similar sets of parenting problems apply in situations of physical abuse, emotional abuse, neglect, and, to a lesser extent, sexual abuse.

Social-Cognitive Processing

Social cognitive processing describes pathways between parenting schemas, parent attributions of children and child behavior, and ultimately parental responses to children (Azar et al., 2005). Problematic schemas include parental perceptions of low levels of control and efficacy as well as inaccurate or incomplete understanding of their children's developmental needs and incorrect parental attributions of children. For example, caregivers at risk for maltreatment often hold hostile attribution biases (that is, attribute hostile intent to the behavior of children) as well as expectations that children, as opposed to parents, will provide comfort and care.

Impulse Control

The domain of impulse control corresponds with parents' responses to children. Impulsive parenting responses occur quickly and without adequate reflection on the purposes and potential consequences of the response. The management of anger may be particularly salient to this domain (Pinkston & Smith, 1998).

PARENTING SKILLS

This third domain relates to parents' actual skills in terms of the day-to-day care of children as well as parent management techniques, monitoring, and discipline of children. Specifically, maltreating parents often possess a limited repertoire of parenting skills and strategies; these limited strategies are often harsh, coercive and inconsistent.

Social and Stress Management Skills

Finally, maltreating parents show deficits in complex social skills, including limited and poor communication with others, over-reliance on negative control and coercive strategies, poor ability to read social

cues, and overall insensitivity and unresponsiveness to others' needs. In addition, maltreating parents exhibit elevated levels of emotional arousal in response to stress as well as ineffective coping strategies.

CHARACTERISTICS AND CONTEXTS OF MALTREATING PARENTS

While research suggests a common set of parenting issues among maltreating families, a great deal of heterogeneity exists within this population. Key sources of variation within parents and their contexts that influence caregiving capacities also represent dimensions on which parenting programs may intervene. Factors such as a parents' own childrearing history, the presence of psychopathology (particularly depressive symptomotology and substance abuse), parent age, and cognitive ability increase the risk for maltreatment (Cicchetti & Toth, 2005; Toth, Maughan, Manly, Spagnola, & Cichetti, 2002). In addition, abusive family environments often include high levels of marital and relational discord, including domestic violence, low levels of relational intimacy and satisfaction, and high levels of anger, disruption and conflict (Repetti, Taylor & Seeman, 2002). High levels of social isolation resulting from weak and unsupportive social networks also characterize maltreating families. Maltreating families are disproportionately represented among the lowest economic strata of society, placing these families at increased risk of financial hardship, loose attachment to the labor force, and chronic stressors. Poverty directly influences levels of parental distress, which, in turn, influences the warmth and consistency of their parenting (Conger, Ge Elder, Lorenz, & Simons, 1994; Duncan, Brooks-Gunn & Klebanov, 1994; McLoyd, 1998). Finally, attributes of children such as their age, gender, temperament, and health and mental health characteristics also influence maltreatment risk.

In short, these sources of heterogeneity within maltreating families suggest an important set of factors that may influence the caregiving environment or that may moderate the influence of the caregiving environment on children's outcomes. In addition, recent conceptual work suggests that the presence of many of these factors relate to parent engagement and adherence to treatment.

GOALS OF THE REVIEW

The appropriate match between participant and parenting education program is of heightened concern for parents involved in the child wel-

fare system given that program attendance and completion often represent the criteria against which child placement and reunification decisions are made in legal proceedings (e.g., Barth et al., 2005; Budd, 2001). Shortened timeframes for the termination of parental rights in child maltreatment cases also make the provision of appropriate and effective services imperative. To identify parenting programs that hold promise for parents that come to the attention of the child welfare services system, this review assesses the impacts of parent education programs on the incidence or recurrence of child maltreatment, where assessed, as well as a number of outcomes that are measured at the caregiver environment level. We review parenting programs aimed at parents who have been determined to be at risk of child maltreatment and/or abusive and neglectful and evaluate them in terms of (a) the extent to which they conceptually address particular needs in the caregiving environment thought to be salient in this population, and (b) methodological rigor.

In contrast to "effective parenting," minimal parenting competency is generally considered the "floor" of acceptable parenting that is sufficient to protect the safety and well-being of a child when he or she comes to the attention of child welfare services. However, not only are standards for evaluating parental fitness not well defined or agreed upon, there is a lack of appropriate measures of parenting adequacy (Budd, 2001). Therefore, another goal of the review was to determine how child welfare service practitioners assess the strengths and limitations of the parental caregiving environment to support decisions in initial referral to specific parenting programs.

METHODOLOGY

Search Strategy

This review used pre-determined search terms and search sources to identify research literature within a given topic. This method of searching can reduce the potential for bias in the selection of materials. Using specified search terms, we searched numerous social science and academic databases available through the University of California library. In addition, we conducted overall internet searches and also searched the Websites of research institutes and organizations specializing in systematic reviews, conference proceedings databases, dissertation databases, internet databases (see Appendix A for details of the search

protocol). The references in reviews and primary studies were scanned to identify additional articles. The references reviewed were limited to those printed in the English language.

The review included evaluations of parenting programs that explicitly targeted the following populations: (a) parents assessed to be at-risk of child maltreatment, (b) parents referred to a parenting program by a child welfare services agency, and (c) parents that had been indicated or substantiated for a report of child abuse or neglect. In addition, evaluations of programs that explicitly targeted parents with characteristics associated with an increased risk of child maltreatment were reviewed, including (a) parents abusing substances, (b) adolescent parents, (c) ethnic minority and low-income parents, and (d) parents residing in institutional settings.

EVALUATION METHODS

An initial step of the review was to assess the theoretical underpinnings of the parenting programs by reviewing the program goals and documenting the outcomes for which the programs demonstrated empirical support. For example, an outcome of interest to child welfare practitioners might be the number of reports of child maltreatment that occur during program participation or for some period following program completion. As mentioned, indirect measures of effectiveness that address the etiology of child maltreatment might include changes in parental stress, the acquisition of parenting skills, or changes in parental beliefs. While pre- and post-test measurement of these outcomes may suggest changes within program participants that can be attributed to the parenting program, factors other than the program itself can also influence outcomes, such as the receipt of additional services (e.g., substance abuse treatment) or changes family structure (e.g., the placement of a child in foster care), which makes the evaluation of the methodological rigor of each study necessary. In short, to attribute the cause of the change to the parenting program, participants must be randomly assigned to a parent education group or to a control group that does not participate in the program and is followed longitudinally to observe change over time. Changes in the parent education group that exceed changes in the control group represent empirical support for the effectiveness of the program.

The conceptual breadth of each study was assessed by mapping the significant outcomes from each study on to Azar et al.'s (Azar et al.,

2005; Azar et al., 1998) five domains of caregiver functioning, including (a) social cognitive processing, (b) impulse control (c) parenting skills, (d) social skills, and (e) stress management. A code template was developed to categorize study outcomes by caregiver functioning domains. Interrater reliability for the code template was ascertained through a reliability check of 10 percent of the studies (n = 7). Raters agreed on the categorization of outcomes by domain in six of the seven studies (86%) leading to further refinement of the code template and the reassignment of some outcomes from the social cognitive processing domain to the parenting skill and impulse control domains.

While there are many approaches to evaluating the methodological rigor of randomized controlled trials (RCT), such as CONSORT guidelines or Campbell Collaboration guidelines, the few RCTs that were generated through the search criteria prevented the application of these approaches. Given the interest in treatment efficacy (that is, the successful outcomes of clinical trials), treatment effectiveness (the outcomes of interventions conducted under the normal conditions of program delivery in the community), as well as the theory underlying intervention designs, we took an inclusive approach to studies of varying methodological rigor would assist child welfare agencies by defining intervention components, identifying assessment and outcome measurement strategies, and assisting in the development of valid research questions for the future.

The research designs of all studies were reviewed for their methodological rigor and categorized. Randomized control trials (Level 1) were considered the most rigorous types of evaluations, followed by Level 2 quasi-experimental designs including (a) control group studies that collected repeated measures on participants that were assigned to at least one treatment group and a no-treatment control group, and (b) comparison group studies that collected repeated measures on participants that were assigned to one or more treatment groups without no-treatment controls. Level 3 studies included single group or single subject designs that collected repeated measures on participants over time. Several descriptive studies that focused on the development or the implementation of a program were reviewed but were not included in the analysis.

Studies were also reviewed to determine how participants were initially identified for program enrollment. Instruments that were used in pre- and post-test measurement were documented and reviewed.

FINDINGS

The overall assessment of the 70 studies of that were reviewed is presented first, followed by detailed results of (a) the outcomes of the 58 parent education programs by target population, and (b) results related to parenting assessment.

Summary of General Findings

Conceptual Breadth

Our results indicate that parenting programs, especially those focused on maltreating populations, assess outcomes in at least one of the theoretically salient caregiving domains, though child protective service outcomes of interest such as child maltreatment recurrence were monitored in only one-third of cases (n = 23; 33%). The weight of outcomes assessed fall into three particular caregiving domains: social-cognitive processing, parenting skills, and stress management (see Table 1). While we might like to know more about how effective programs are in preventing child maltreatment occurrence or recurrence specifically, this finding is encouraging given that the theoretical work reviewed pinpoints social cognitive processing as a central lever for intervention. Outcomes related to parent impulse control and social skills, however, receive less emphasis. It is unclear what drives this particular finding.

While social cognitive processing is considered a key lever for intervention, Azar et al.'s theoretical model suggests that attention to each of the five key domains outlined is critical for intervention with maltreating families. Of the studies reviewed, a majority (n = 47; 67%) of studies included only one theoretical domain (equally distributed among social cognitive processing or parenting skills). Of the remaining 23, fifteen focused on two domains, mostly including social cognitive processing. Finally, eight included three domains, including a combination of social cognitive processing and parenting skills plus an additional domain of either social skills or stress management. In short, these results suggest a picture of a few multi-pronged programs, a set of programs focused on social cognitive processing and parenting skills in combination, and a set of cognitively based and skills based programs, respectively. On the one hand, these findings raise questions about the availability of particular intervention strategies related to the five domains and/or the availability of adequate measures for these outcomes.

TABLE 1. Empirical Support for Theoretical Domains Addressed in Parenting Program Evaluations

Target Populations of Programs	Outcomes by Theoretical Domain*					Total Number of Studies (N)
	SCP	IC	PS	SS	SM	
At-Risk/Indicated for Child Maltreatment	16	1	18	4	13	45
Substance Abusing Parents	5	0	4	2	0	8
Adolescent Parents	4	0	3	1	0	7
Culturally Specific Parenting Programs	4	0	4	0	1	8
Institutional Settings	2	0	1	0	0	2
TOTAL	31	1	30	7	14	70

*SCP = Social Cognitive Processing, IC= Impulse Control, PS=Parenting Skills, SS=Social Skills, SM= Stress Management

Alternatively, multiple domains may appear less salient to program developers. Further research will be needed to clarify this gap.

Methodological Rigor

Of the 70 studies reviewed, 17 (24%) used randomized controlled trials (RCT); 20 (29%) employed quasi-experimental designs (of these four utilized a sophisticated control strategy), and 33 (47%) drew on single group pre-test post-test designs (see Table 2). Indeed, we have evidence of an emerging research base. Of the RCTs focused on child welfare populations, most were preventative (e.g., home visiting models targeting families at risk for maltreatment). It is notable that the modal study in our review was a single group pre-test post-test intervention study. These studies cannot be used to demonstrate the efficacy of a particular intervention. However, they can be used to (a) assess whether a particular intervention is moving in the hypothesized direction and (b) identify families who may differentially drop out.

Outcomes of Parent Education Programs by Target Population

The significant results of parent education programs are presented in Figures 1 through 4. Outcomes are organized by population: (a) parents determined to be at-risk of child maltreatment and/or indicated for child maltreatment (Figure 1), (b) substance abusing parents (Figure 2), (c) adolescent parents (Figure 3), and (d) specific programs for ethnic minority families (Figure 4). Two programs for parents in prison are also

TABLE 2. Study Designs (n = 70)

Study Designs	Target Populations of Programs					Total Number of Studies (N)
	At-Risk/Indicated for Child Maltreatment	Substance Abusing Parents	Adolescent Parents	Culturally Specific Parenting Programs	Institutional Settings	
RCT	10	4	0	3	0	17
Quasi-Experimental	14	2	2	2	0	20
Single Group	21	2	5	3	2	33
TOTAL	45	8	7	8	2	70

described. In each table, the five domains of the caregiving environment and the developmental stage of the index child targeted by the intervention organize programs that reported statistically significant outcomes for each domain. The methodological rigor of each evaluation is bracketed following the referenced citation that appears in the endnote section (for tables only). Fuller descriptions of each of the studies, including intervention components, program goals, research designs, participant demographics, and overall findings of the studies are provided in the full report.

PROGRAMS FOR PARENTS AT-RISK OR INDICATED FOR CHILD MALTREATMENT

Forty-five studies evaluated 37 programs that were designed to address the parenting needs of families determined to be at risk of maltreatment or had maltreated their children (Figure 1). Of the 45 evaluations, nearly half utilized single group designs (n = 21; 47%) followed by quasi-experimental designs (n = 14; 31%) and randomized control trials (n = 10; 22%). Nearly half of the programs (n = 15; 41%) were designed for parents who were pregnant or specifically parenting children of five years of age or younger (including preschool children). Eight (22%) programs targeted at-risk or maltreating parents of children ranging from preschool age through latency age. Two programs specifically targeted parents of adolescents (5%). Twelve of the programs (32%) either tailored their interventions to the specific needs of the family, as in the Bavolek Nurturing Program (Bavolek, 2005), or did not indicate the specific developmental stage of the child for which the parenting program was designed.

FIGURE 1. Programs for Parents at Risk or Indicated for Child Maltreatment

Caregiving Domains	Developmental Stage of Child		
	Prenatal to 5 yrs	Latency through Adolescence	Child's Age Not Specified
Social Cognitive Processing (e.g., increases in age appropriate expectations, empathic understanding of children, changes in role reversal attitudes)	Home Visitation Programs (Chase & Nelson, 2002 [3]; Fraser et al., 2000 [1]); Hawaii's Healthy Start (Duggan et al., 1999 [1]); Early intervention program Wolfe et al., 1988 [2]); Project SafeCare (Bigelow & Lutzker, 2000 [3]; Gershater-Molko et al., 2003 [3])	Triple-P Positive Parenting Matrix (Sanders et al., 2004 [1]); Family Connections Program (DePanfilis, 2005 [1]); Family Interactions Skills Project (MacMillan et al., 1988 [3])	Social Network Intervention Project (Gaudin et al., 1990/1991 [2]); Bavolek Nurturing Program (Cowen, 2001 [3]; Bavolek, 2005 [3]); San Fernando Valley Child Guidance Clinic (Golub et al., 1987 [3]) Active Parenting Program (Carlsen, 1997 [3]); Anger management program (Acton & During, 1992 [3]); RETHINK Method: Anger Management (Fetch et al., 1999 [3])
Impulse Control (e.g., reduced anger levels)			Clinic based program Barth et al., 1983 [3].
Parenting Skills (e.g., improvements related to parental discipline; increased the responsiveness of neglectful parents; improvements in child management skills)	Home Visitation Programs; Hawaii's Healthy Start; Parenting Young Children Huebner, 2002 [2]; Parent/Child Foster Placement (Nayman & Witkin, 1978 [3]; Project SafeCare (Gershater-Molko et al., 2003 [3]; Mandel et al., 1998 [3]); The Incredible Years (Baydar et al., 2003 [1])	Triple-P Positive Parenting Matrix; Webster-Stratton Parenting Program (Hughes & Gottlieb, 2004 [1]; Parent Training Program (Wolfe et al., 1981 [2])	Social Network Intervention Project Bavolek Nurturing Program; Multisystemic Therapy Training (MST) and Parent Training (PT) (Brunk et al., 1987 [1]; Active Parenting Program; Anger management program; RETHINK Method Parenting Daily Diary (Peterson et al., 2003 [3])
Social Skills (e.g., improved social support; increase in social network size and quality of contacts)	Home Visitation Program (Chase & Nelson, 2002 [3]; Special Social Support Training Project (SSST; Lovell et al., 1992 [3])		Social Network Intervention Project
Stress Management (e.g., reduction in parenting stress; lowered anxiety)	Home Visiting (Fraser et al., 2000 [1]; Hawaii's Healthy Start; Parenting Young Children; Errorless Compliance Training (Ducharme et al., 2001 [3]; Family Growth Center Programs (Whipple, 1999 [2]; STAR (Fox et al., 1991 [3])	Triple-P Positive Parenting Matrix; Parent-Child Interaction Therapy (PCIT; Timmer et al., 2005 [2]); Family Connections Program	Multisystemic Therapy Training (MST) and Parent Training (PT); Anger management program; Parent Training program

Programs for parents of young children. In terms of conceptual breadth, home visiting models that addressed the social cognitive processing domain tended to be the broadest of the fifteen programs for parents of young children by also addressing parenting skills and/or stress management. In many cases the evaluation of these programs were the most methodologically rigorous. However, several of the gains identified were lost at follow-up. In some cases the presence of domestic violence in the home was found to moderate this effect (Eckenrode et al., 2000). Project SafeCare, which was the most comprehensively evaluated program for parents of young children, demonstrated improvements in the ability of parents to identify their children's health symptoms and to seek treatment (Bigelow & Lutzker, 2000; Gershater-Molko et al., 2003). Improvements were also observed in the increased use of planned activities, parent training techniques, positive parent behaviors, and improvements in home safety (Gershater-Molko et al., 2003; Mandel et al., 1998). Families that completed all three training programs were less likely to recidivate (Gershater-Molko et al., 2002), and parents reported high levels of program satisfaction (Taban & Lutzker, 2001).

Other programs achieved positive outcomes in single domains of the caregiving environment, such as the reduction of parental stress (Fox, Fox, & Anderson, 1991; Ducharme et al., 2001; Whipple, 1999), as well as in a combination of two domains, such as reduction in parenting stress and improvement in the home environment (Huebner, 2002). The Incredible Years, which targets parents with preschool-aged children in weekly two-hour sessions from eight to twelve weeks, observed reductions in harsh, negative, inconsistent and ineffective parenting with increases in supportive and positive parenting (Baydar et al., 2003). Significant reductions in incidences of substantiated abusive head injury were also observed in a program that targeted the prevention of Shaken Infant Syndrome (Dias et al., 2005).

Programs for parents of children preschool age through latency. Of the eight programs that targeted at-risk or maltreating parents of children ranging from preschool age through latency age, empirical support for improvements in three caregiving domains was demonstrated by the Triple-P Positive Parenting Matrix based on a randomized control trial (Sanders et al., 2004). This 12-week, clinically based program targeted parents at risk for child maltreatment with children aged 2 to 7 years and appeared to be effective in improving negative parental attributions of child's misbehavior, lowering levels of dysfunctional parenting and lessening parental distress while demonstrating short term gains in child

abuse potential and high levels of client satisfaction. The community-based Family Connections Program also demonstrated increases in appropriate parenting attitudes while reducing parenting stress in a randomized control trial. This program was also successful in addressing characteristics that tend to be more common in maltreating parents, including decreasing parent's depressive symptoms and drug use (DePanfilis, 2005).

The remainder of the programs reviewed addressed single domains of the caregiving environment, including reductions in parenting stress along with reductions in abuse risk (Timmer et al., 2005), improvement in parenting skills (Hughes & Gottlieb, 2004), and improvements in parent effectiveness and child management skills (Wolfe et al., 1981). In Wolfe et al.'s study (1981), no reports of child maltreatment recurrence were documented at one-year follow up in a quasi-experimental design.

Whereas home visiting programs appear to be the most promising intervention modality for young children, nurse home visiting was found to be no more effective than standard services for preventing child maltreatment recurrence in a randomized control trial at three-year follow-up (MacMillan et al., 2005), suggesting that families with existing child maltreatment histories may need different services than those offered in early prevention programs. Carlo found experiential learning to demonstrate a significant increase in movement toward family reunification among families whose children had been placed in residential treatment when compared with didactic learning alone in a quasiexperimental design (Carlo, 1993).

Programs for parents of adolescents. The two programs specifically targeted to parents of adolescents, Mission Possible (Riesch et al., 2003) and Parenting Adolescents Wisely (PAW; Kacir & Gordon, 1999) were unable to demonstrate positive changes in the caregiving environment, though PAW did demonstrate a reduction in children's problem behaviors at post-test.

Individualized programs. Of the twelve programs that either tailored their interventions to the specific needs of the family or did not specify the developmental stage of the child as part of the program's target population, there was a great deal of variability in program outcomes. When Multisystemic Therapy Training (MST), an 8-week individual and tailored family treatment based in the home or in the clinic, which focuses on changing family interaction patterns, was compared with Parent Training (Brunk et al., 1987), an 8-week group treatment based in a clinic that focuses on instruction in human development and child man-

agement to increase positive parent-child interaction and reduce aversive child behavior, both treatments were found to decrease parental psychiatric symptomology, reduce overall stress and reduce the severity of identified problems. However MST was found to be more effective in restructuring parent-child relations and increasing neglectful parent responsiveness. PT was more effective at reducing identified social problems.

The Social Network Intervention Project (Gaudin, 1990/1991), a case management program monitored by a specialized social worker, demonstrated improvements in three domains of the caregiving environment for neglectful parents, including increases in age appropriate expectations, the empathic understanding of children, and changes in role reversal attitudes. The program also demonstrated improved parenting skills and increases in the social networks of subjects. The Parent Training Program, a 10-session group meeting program with individual work assignments, demonstrated reductions in stress, anxiety, and the frequency of emotionally abusive behavior (Iwaniec, 1997). Several of the remaining programs reviewed were conceptually strong but lacked the methodological rigor upon which to draw conclusions given their single subject designs. For example, the Bavolek Nurturing Program demonstrated several improvements in social cognitive processing (Cowen, 2001; Bavolek, 2005) and decreased family conflict but was unable to demonstrate sustained change at one-year follow-up (Bavolek, 2005).

Programs for Parents with Substance Abuse Problems

Eight studies that evaluated seven programs addressing the parenting needs of substance using parents were reviewed (Figure 2). Nearly half of these programs were based on Bavolek's Nurturing Parent curriculum (Harm et al., 1998; Moore & Finkelstein, 2001; Saxe, 1997) and most programs tended to focus on the parenting skills and social cognitive processing domains of the caregiving environment. Suchman's Relational Psychotherapy Mother's Group (RPMG; Suchman et al., 2004) and Webster-Stratton's ADVANCE program (Webster-Stratton, 1994) were the most theoretically comprehensive and the most rigorously evaluated. The RPMG program addressed three caregiving domains, including parenting skills, social skills, and social cognitive processing and demonstrated more positive psychosocial adjustment, greater involvement with children and improvements in parent-child relationships and lower levels of risk for child maltreatment among RPMG

FIGURE 2. Parenting Programs for Substance Abusing Parents

Caregiving Domains	Developmental Stage of Child		
	Prenatal to 5 Years	Latency through Adolescence	Child's Age Not Specified
Social Cognitive Processing	Integrated parenting training curriculum (Velez et al., 2004 [3])	ADVANCE Webster - Stratton, 1994 [1]; Relational Psychotherapy Mother's Group (RPMG; Luthar & Suchman, 2000 [1])	Nurturing Program for Families in Substance Abuse (Moore & Finkelstein, 2001); Skillful Parenting Program (Saxe, 1997 [1]); Course in state prison system based on Nurturing Parent curriculum (Harm et al., 1998 [2])
Impulse Control			
Parenting Skills		ADVANCE Relational Psychotherapy Mother's Group (RPMG; Luthar & Suchman [1], 2000; Suchman et al., 2004b [1])	Nurturing Program for Families in Substance Abuse
Social Skills		ADVANCE	
Stress Management			

mothers when compared with participants who received standard drug counseling (Suchman et al., 2004). The ADVANCE program demonstrated improved problem solving, improved communication, and improved family relations and family functioning (Webster-Stratton, 1994). Overall, programs for substance abusing parents were associated with the following outcomes: lower risk levels for child maltreatment (Luthar & Suchman, 2000; Saxe, 1997; Suchman, MaMahon, & Luthar, 2004); improved parenting skills (Moore & Finkelstein, 2001); improved parental knowledge (Velez et al., 2004); enhanced parental competence (Moore & Finkelstein, 2001); more positive parental psychosocial adjustment (Luthar & Suchman, 2000); increased parent-child interaction and improved parent-child affective interactions (Suchman, MaMahon, & Luthar, 2004); and increased parental self-esteem (Saxe, 1997).

Programs for Adolescent Parents

Seven studies evaluated programs that addressed the parenting needs of adolescent parents (Figure 3). Similarly to parent education programs for other populations, most programs for adolescent parents tended to focus on social cognitive processing and parenting skills domains. Specifically, programs were associated with parental improvements in parent knowledge, beliefs, and skills regarding infant growth child development (Britner & Reppucci, 1997; Culp et al., 1998; Dickonson & Cudaback, 1992; Fulton et al., 1991; Weinman et al., 1992), home safety (Culp et al., 1998), parent-child interactions (Britner &

FIGURE 3. Parenting Programs for Adolescent Parents

Caregiving Domains	Developmental Stage of Child		
	Prenatal to 5 Years	Latency through Adolescence	Child's Age Not Specified
Social Cognitive Processing			Project Baby Care (Roberts, Wolman, & Harris-Looby, 2004 [3]); Parent Education/Home Visitation Program (Culp et al., 1998 [3]); Adolescent Parenting Program (Fulton et al., 1991 [3]); Parent Education Program (Weinman, Schreiber, & Robinson, 2002 [3])
Impulse Control			
Parenting Skills	Parenting booklets (Dickinson & Cudaback, 1992 [2])		Parent Education/Home Visitation Program Adolescent Parenting Program
Social Skills			Parent Education/Home Visitation Program
Stress Management			

Reppucci; Fulton et al., 1991), and corporal punishment (Roberts, Wolman, & Harris-Looby, 2004). Other outcomes included a lower incidence of child neglect and abuse (Dickonson & Cudaback, 1992; Flynn, 1999), a lower percentage of low birthweight (Flynn, 1999), and a delay of subsequent pregnancies and increased maternal educational attainment (Britner & Reppucci, 1997).

Programs for Culturally Specific Populations

Culturally specific populations may have different needs and require different approaches in parent education programs; in particular, disciplinary practices and positive parent-child interactions have been identified as areas in which parents from disadvantaged and/or minority backgrounds may deviate from normative standards. Consequently, social cognitive processing and parenting skills in these areas have been the major focus of parent education programs for these populations (Figure 4). Of the three randomized control trials reviewed, two demonstrated no significant effects (Constantino et al., 2001; St. Pierre & Layzer, 1999). However, the Incredible Years BASIC Program (Gross et al., 2003) demonstrated increases in parenting self-efficacy as well as the reduced use of coercive discipline strategies with Latino parents. Other programs demonstrated increases in parental ability to use more positive and diversionary methods and decreases in occurrences of emotional/physical punishment and other aggressive practices in disciplinary strategies (Project SafeCare for Spanish-speaking Parents, Cor-

FIGURE 4. Culturally Specific Parenting Programs

Caregiving Domains	Developmental Stage of Child		
	Prenatal to 5 Years	Latency through Adolescence	Child's Age Not Specified
Social Cognitive Processing	The Incredible Years BASIC Program (Gross et al., 2003 [1])	STEP for Chicana mothers (Villegas, 1977 [2])	Listening to Children (Wolfe & Hirsch, 2003 [2])
Impulse Control			
Parenting Skills	The Incredible Years BASIC Program	MADRE (Herrierias, 1988 [3])	Project Safe Care for Spanish speaking (Cordon et al., 1998 [3])
Social Skills			
Stress Management			Listening to Children

don et al., 1998; MADRE, Herrerias, 1988; STEP for Chicanas, Villegas, 1997). Additionally, the Listening to Children program (Wolfe & Hirsch, 2003) demonstrated improvements in parental attitudes and reductions in parenting-related stress and the Strong Families/Familias Fuertas (McGrogan, 1998) was associated with reductions in child abuse potential. Although home visiting has been widely employed as a parent education modality, it was not found to be an effective means of social service delivery and parenting education for low-income and/or minority families (St. Pierre & Layzer, 1999).

Programs in Institutional Settings

Parents residing in institutional settings such as prisons may share similarities with parents whose children have been placed in out-of-home care in that they are separated from their children and are therefore challenged to improve their parenting in the absence of immediate and ongoing parent-child interaction. Furthermore, children of incarcerated parents often come to the attention of child welfare services given their need for out-of-home placement. To assess the feasibility of institutionally-based programs for child welfare populations, evaluations of the Parent Education Project (Howze Browne, 1989) and the Parent Center Training Program (Harm & Thompson, 1997) were reviewed. These programs demonstrated improved outcomes in multiple domains of caregiving, including social cognitive functioning, parenting skill, and social skills in single group (Howze Browne, 1989) and quasi-experimental group designs (Harm & Thompson, 1997). Each modality used a parenting class format ranging from 15 to 24 weeks, which the Parent Center Training program combined with written com-

munication with children. These preliminary findings suggest that due to low self-esteem and lack of empathy toward their children, incarcerated mothers are at a high risk for maltreatment; however, by working with parents prior to prison release, parenting programs have the potential to ease the transition toward reunification.

PARENTING ASSESSMENT

As part of the structured literature review, a large number of self-report and observational assessment instruments (150) were identified in relationship to their use in either initially assessing or subsequently monitoring program participants. These instruments typically reflect items relevant to the outcomes of child maltreatment prevention and intervention (e.g., developmental screening, risk assessment, and treatment planning); however, consideration must be given in relation to their use when evaluating improvements in parenting outcomes. Podsakoff, MacKenzie, Lee & Podsakoff (2003) summarize four key sources of common method biases, as well as efforts to reduce these biases.Unfortunately, it is not always clear what the direction of potential bias and the variation in their magnitude by discipline. These biases include (1) common rater effects (e.g., social desirability), (2) item characteristic and context effects, and (3) measurement context effects (i.e., similarities in media and method). Of these, common rater and measurement context effects may be particularly important sources of biases.

Because child maltreatment represents deviation from social norms and mores, parents may over-report positive items and underreport negative items in directly administered measures. Of the promising programs, the majority relied upon parental self-report instruments to assess program outcomes; however, many also included at least one observational measure (such as the Home Observation for Measure of the Environment Inventory, which is completed by the social worker) and/or an administrative measure (such as maltreatment rates collected from the child welfare agency). Given that most studies employed pre- and post-test comparisons, significant findings based on self-report measures suggest that the program minimally increased parental awareness of socially acceptable attitudes, behaviors, and practices associated with effective parenting.

Aside from these common rater effects, many studies use similar media (e.g. parent self report or child behavior scales).General strategies to avoid problems from either source can be both procedural and statisti-

cal. These include using multiple sources, creating separation (e.g., temporal) of measurement occasions or methods, and creating opportunities for respondent anonymity, as well as latent variable statistical modeling techniques. Within studies reviewed, there was typically some attempt to control for these biases, especially through using multiple reporting sources.

It is not clear if and how these instruments are used by child welfare workers in making referrals to parenting programs. For example, how are the strengths and limitations of family functioning and parenting capacities assessed in terms of the most appropriate referral? While the assessment of parenting competencies (using psychometrically validated instruments) may hold promise for developing the appropriate match between available programs and the needs of prospective participants, more research is needed to identify the relevant criteria for generating this match. This topic is explored in more detail in the next BASSC structured review of family assessment instruments.

DISCUSSION

As this review suggests, significant efforts have been made to demonstrate the efficacy of parent education programs. However, knowledge development in this area has been stymied by the methodological limitations of many of the existing studies reviewed, such as single group designs, small sample sizes, and the infrequent use of alternative conditions that would allow for the selective evaluation of key treatment components. Nonetheless, the majority of studies describe some positive outcomes for participants to suggest that parenting programs may be important mechanisms for changing some aspects of the caregiving environment. However, the linkage between parent education programs and the effective prevention of child maltreatment occurrence or recurrence is less well understood, primarily because studies typically do not monitor these outcomes. Despite these limitations, the evidence base for parent education programs for families involved in child welfare services is growing and we are increasingly able to make recommendations for what we see as promising programs for various stages of a child's development based on the more rigorous research designs (see Figure 5).

Of the programs that we reviewed for parents at-risk or indicated for child maltreatment, home visiting programs appeared to hold the most promise for at-risk parents of young children. Typically, parenting pro-

FIGURE 5. Promising Parent Education Programs

Promising Programs for Parents At Risk or Indicated for Child Maltreatment			
Child's Dev Stage	Program Description	Outcomes	Contact
Prenatal to 3 years	**Home Visitation.** Prevention and early intervention program that typically targets families at-risk of or in early stages for child maltreatment. Program content varies but is typically based in the families' home and seeks to achieve the following objectives: establish a relationship of trust between the professional home visitors and the family, promote maternal-infant attachment, improve parental adoption of health promoting behaviors, promote positive parenting practices, reduce parental stress and improve maternal mood, reduce child abuse potential, and promote the use of community and neighborhood support systems to assist families.	Improved parenting competence[24] and parenting efficacy;[25] Improvement in home environment.[26] Promoted use of non-violent discipline[27] and reduction in parenting stress[28] Fewer child maltreatment reports[29] Decreased injuries from partner violence in the home and linked families with resources;[30] Improved maternal mood adjustment[31]	Ruth A. O'Brien, Ph.D., RN Kempe Prevention Research Ctr. for Family & Child Health 1825 Marion Street Denver, CO 80218 (303) 864-5210 Fax: (303) 864-5236 obrien.ruth@tchden.org **Website:** http://www.strengtheningfamilies.org/html/programs_1999/12_PECNHVP.html
Preschool	**The Incredible Years.** Targets parents with preschool-aged children. The program teaches child-directed play skills, positive discipline strategies, effective parenting skills, strategies for coping with stress, and way to strengthen children's pro-social and social skills. The training is offered either in weekly 2-hr sessions for 8 to 9 or 12 week sessions	Reduction in harsh, negative, inconsistent & ineffective parenting; increase in supportive, positive parenting[1]	Carolyn Webster-Stratton, Ph.D. Director, Parenting Clinic, University of Washington, 1411 Eighth Avenue West, Seattle, WA 98119 Phone and Fax: (206) 285-7565; Toll-Free Phone and Fax: (888) 506-3562 Email: incredibleyears@comcast.net **Website**: www.incredibleyears.com
0-5 years	**Project SafeCare.** Targets parents with children between birth and 5 and have been reported for physical abuse or neglect. In-home service up to 24 weeks designed to improve parenting skills in infant and child health care, home safety and cleanliness, and parent-child interactions to reduce future occurrences of maltreatment.	Improved ability to identify children's health symptoms & seek treatment;[2] Increased use of planned activities & parent training techniques; positive parent behaviors; improvement in home safety;[3] Reductions in home hazards maintained at 4-month follow-up[4] Families who completed all three training components less likely to recidivate. [5] High levels of program satisfaction[6]	John R. Lutzker, Ph.D. Executive Director Marcus Institute 1920 Briarcliff Road, Atlanta, GA 30329 404-419-4000 404-419-4505 (FAX)

Promising Programs for Parents At Risk or Indicated for Child Maltreatment			
Child's Dev Stage	Program Description	Outcomes	Contact
Preschool	**Special Social Support Training Project (SSST).** Targets low-income mothers (age 25-42) with preschool children who are involuntary CPS clients at high risk for child maltreatment. 12-week program is based within a therapeutic nursery school; seeks to strengthen pro-social attitudes and skills needed to build more satisfying relationships with friends, neighbors, and family.	Increase in social network size & quality of contacts; increased satisfaction with social support, increased duration of interactions & % of daily contacts with friends; [7]More daily contact with professional service providers, higher % of daily contact with people in the community; [8]High levels of program satisfaction reported[9]	Madeline L. Lovell, MSW, Ph.D., Director, Social Work Program Department of Society, Justice, & Culture Seattle University 900 Broadway, Seattle WA 98122 206-296-5387; mlovell@seattleu.edu
2-7 years	**Triple-P Positive Parenting Matrix.** Targets parents at risk for child maltreatment. 12-week group-administered program is based in a clinical setting supported with telephone consultation; seeks to reduce parents' negative attributions for children's behavior and reduce risk factors for child maltreatment.	Greater parental self-efficacy; short term improvement on measures of negative parental attributions for child's misbehavior & unrealistic parental expectations; Lower levels of dysfunctional parenting; less relationship conflict; Less parental distress; Short term improvement in potential for child abuse; High levels of consumer satisfaction, lower levels of disruptive child behavior. No significant long-term benefits for children reported[10]	**Website:** http://www.triplep.net/ Email contact@triplep.net Ph: 61 7 3236 1212 Fax: 61 7 3236 1211 Address: Level 3, 424 Upper Roma Street, Brisbane, QLD, 4000, Australia PO Box: 1300 Milton, Qld, 4064, Australia
5-11 years	**Family Connections Program.** Targets at-risk families with children who have no current CPS involvement but exhibit risk for child neglect and abuse. Community-based psychosocial, early intervention seeks to promote the safety and well-being of child and families through family and community services, professional education and training, and research and evaluation.	Increase in appropriate parenting attitudes & satisfaction with parenting; Reduction in parenting stress; Decrease in parent's depressive symptoms, drug use, and child's behavioral problems reported[11]	**Website -** http://www.familyconnections.org/index.htm
4-13 years	**Parent Education vs. Parent Involvement.** Targets parents of emotionally/behaviorally disturbed children removed from the home and placed in residential care. 6-month intervention is based in a residential treatment facility for disturbed children to resocialize parents to more competent parental roles through monitored interaction with their children.	Increase in the movement towards reunification[12]	Paul Carlo, Ph.D, MSW, Director, USC Center on Child Welfare USC School of Social Work University Park Campus Montgomery Ross Fisher Building Los Angeles, CA 90089-0411 nraman@usc.edu

FIGURE 5 (continued)

Promising Programs for Parents At Risk or Indicated for Child Maltreatment			
Child's Dev Stage	**Program Description**	**Outcomes**	**Contact**
Individualized	**Multisystemic Therapy Training (MST) and Parent Training (PT).** Targets abusive and neglectful families. MST is an 8-week individual and tailored family treatment based in home or in clinic, and uses joining, reframing, and prescribed tasks designed to change interaction patterns. PT is an 8-week group treatment based in clinic, and focuses on instructing both parents (when available) in human development and child management techniques to develop parents' capacity to increase positive parent-child interactions and to reduce aversive child behavior.	Improvements in the restructuring of parent-child relations; increased the responsiveness of neglectful parents; Reduced overall stress; Decreased parental psychiatric symptomology; reduction in severity of identified problems; decreased maltreated children's passive compliance[13]	Marshall Swenson, MSW, MBA MST Services, Inc. 710 J. Dodds Boulevard Mount Pleasant, SC 29464 Phone: (843) 856-8226 x11 Fax: (843) 856-8227 Email: marshall.swenson@mstservices.com **Website**: www.mstservices.com or www.mstinstitute.org
Not specified	**Social Network Intervention Project.** Targets neglectful parents with at least 1 child in the home. Case management based program is monitored by a social worker trained in a specialized approach to increasing the social networks of the families, from 2-23 months	Increases in age appropriate expectations, empathic understanding of children, & role reversal attitudes; Improved parenting skills; Increased social networks[14]	James M. Gaudin Jr., Professor The University of Georgia School of Social Work Athens, GA 30602 Phone (706) 542-5454 FAX (706) 542-3282 E-Mail Address: JGAUDIN@UGA.CC.UGA.EDU
Not specified	**Parent Training Program.** Targets emotionally abusive and neglectful parents through weekly sessions covering: 1) developmental counseling, 2) improving parent-child interactions, 3) managing children's and parent's problematic behavior. Program consisted of individual work and a 10 session, 2-hour group meeting.	Reduction in stress and state anxiety; Reduction in frequency of emotionally abuse behavior[15]	Dorota Iwaniec Director of the Institute of Child Care Research, Queen's University of Belfast 5a Lennoxvale, Belfast, BT9 5BY Tel: 028 90 975428 Fax: 028 90 687416 Email: d.iwaniec@qub.ac.uk

Promising Parenting Programs for Substance Abusing Parents			
Child's Dev Stage	Program Description	Outcomes	Estimated Costs
3-8 yrs	**ADVANCE.** Targets families with children who have a history of misconduct and a clinically significantly number of behavioral problems. 26-week program that combines video training with weekly group meetings with a therapist in a clinical setting. Goals are to improve personal self-control, communication skills, problem-solving skills, and strengthen social support and self-care. The ADVANCE program is used in conjunction with a basic parenting program.	Improved problem solving; Improved family relations and family functioning; Improved communication; Improvements in child behavior[16]	Carolyn Webster-Stratton, Ph.D. Director, Parenting Clinic, University of Washington, 1411 Eighth Avenue West, Seattle, WA 98119 Phone and Fax: (206) 285-7565; Toll-Free Phone and Fax: (888) 506-3562 Email: incredibleyears@comcast.net Website: www.incredibleyears.com
<16 yrs	**Relational Psychotherapy Mother's Group (RPMG).** Targets heroin-addicted mothers with children up to 16 years of age. 24-week program is designed to be an "add-on" treatment to methadone maintenance counseling at methadone clinics. This developmentally informed, supportive, nondirective psychotherapy group treatment seeks to address psychosocial vulnerabilities, and facilitating optimal parenting, among at-risk mothers.	More positive psychosocial adjustment;[17] Greater involvement with children;[18] Improvement in parent-child relationship;[19] Improved affective interaction; Lower levels of risk for child maltreatment;[20] At 6 month follow-up post-treatment mothers showed greater improvements in level of opioid use;[21] As maternal interpersonal maladjustment increased, parenting problems improved for RPMG mothers and remained the same or worsened for mothers in standard drug counseling[22]	Suniya S. Luthar, PhD Associate Professor of Psychology and Education, Teachers College, Columbia University Director of Child & Family Research, the APT Foundation, New Haven, CT Email:S/504@Columbia.edu
Promising Culturally Specific Parenting Programs			
Preschool	**The Incredible Years BASIC Program.** Targets parents from minority ethnic backgrounds raising children in low-income, under sourced communities. 12-week program is based in day care centers that seeks to reduce parents' coercive discipline strategies and to decrease child conduct problems in classrooms.	Increases in parenting self-efficacy; Positive effects for parent behavior; parents used more positive and less directive behaviors with toddlers; reduced use of coercive discipline strategies[23]	Carolyn Webster-Stratton, Ph.D. Director, Parenting Clinic, University of Washington, 1411 Eighth Avenue West, Seattle, WA 98119 Phone and Fax: (206) 285-7565; Toll-Free Phone and Fax: (888) 506-3562 Email: incredibleyears@comcast.net **Website:** www.incredibleyears.com

[1] Fraser et al., 2000 [1]
[2] Duggan et al., 1999 [1]
[3] Fraser et al., 2000 [1]
[4] Duggan et al., 1999 [1]

FIGURE 5 (continued)

[5] Fraser et al., 2000 [1]; Duggan et al., 1999 [1]
[6] Eckenrode et al., 2000 [1]
[7] Duggan et al., 1999 [1]
[8] Fraser et al., 2000 [1]
[9] Baydar et al., 2003 [1]
[10] Bigelow & Lutzker, 2000 [3]; Gershater-Molko et al., 2003 [3]
[11] Gershater-Molko et al., 2003 [3]
[12] Mandel et al., 1998 [3]
[13] Gershater-Molko et al., 2002 [1]
[14] Taban & Lutzker, 2001 [2]
[15] Lovell et al., 1992 [3]
[16] Lovell & Richey, 1997 [2]
[17] Lovell & Richey, 1991 [3]
[18] Sanders et al., 2004 [1]
[19] DePanfilis, 2005 [1]
[20] Carlo, 1993 [2]
[21] Brunk et al., 1987 [1]
[22] Gaudin et al., 1990/1991 [2]
[23] Iwaniec, 1997 [2]
[24] Webster- Stratton, 1994 [1]
[25] Luthar & Suchman, 2000 [1]
[26] Luthar & Suchman [1], 2000; Suchman et al., 2004b [1]
[27] Suchman et al., 2004b [1]
[28] Luthar & Suchman, 2000 [1]; Suchman et al., 2004a [1]
[29] Luther & Suchman, 2000 [1]
[30] Suchman et al., 2004a [1]
[31] Gross et al., 2003 [1]

grams represented one component of a larger array of home visiting services. These programs appeared to be the broadest conceptually by addressing multiple domains of the caregiving environment and were also the most rigorously evaluated. However, while effective at post-test, many program gains were lost at follow-up. Several explanations are possible. One suggests that as children develop, their behaviors present parents with new challenges that early intervention education is unlikely to address. Another suggests that while these programs are successful in helping parents to maintain an acceptable level of caregiving during the early years, they may not necessarily be effective in addressing the underlying problems that characterize maltreating families. In either case, it is encouraging that these programs demonstrate short-term improvements in parenting during early childhood when deficits in the caregiving environment may have more detrimental consequences given a young child's vulnerability and dependence. Other literature reviews that have focused specifically on early intervention approaches to the prevention of physical child abuse and neglect have noted that early intervention programs that report positive outcomes employ some form of parenting guidance or education to enhance the parent-infant interaction (e.g., Guterman, 1997), suggest-

ing that direct parenting support is crucial to the success of these programs.

For preschool aged children, The Incredible Years appeared to be effective in reducing harsh, negative, and inconsistent parenting while demonstrating increases in positive parenting (Baydar et al., 2003). The Incredible Years BASIC program was also noteworthy in that it was effective in increasing parenting self-efficacy among parents from ethnic minority backgrounds who were raising children in low-income communities (Gross et al., 2003). The Triple-P Positive Parenting Matrix, with its attributional retraining and anger management focus, demonstrated short-term reductions in potential for child abuse as well as improvements in three domains of the caregiving environment among parents of children 2 to 7 years of age (Sanders et al., 2004). Given the importance of engagement and retention in services for child welfare clients, it was also encouraging to see that this program received high levels of consumer satisfaction.

The Family Connections program (DePanfilis, 2005) and Multisystemic Therapy Training and Parent Training (Brunk et al., 1987) also appear to be promising programs that have demonstrated effectiveness in making changes in certain caregiving domains, such as reducing parenting stress and improving parent-child relations. These programs also reported improvements in specific characteristics that place caregivers at risk of maltreatment, such as reductions in substance use and psychiatric symptomology. Two additional programs that may hold promise for improving the parenting of substance abusing caregivers include the Relational Psychotherapy Mother's Group (RPMG; Luthar & Suchman, 2000; Suchman et al., 2004b) and the ADVANCE program. The RPMG targets heroin-addicted mothers with children up to 16 years of age and is a 24-week "add-on" treatment to methadone maintenance counseling at methadone clinics. ADVANCE targets families with children age 3 to 8 years and is a 26-week program that combines video training with weekly group meetings with a therapist in a clinical setting.

Although evaluations of Project SafeCare were predominately based on single subject designs, this program is promising in that families who completed all three of its training components in child health care, parent-child interaction, and home safety and accident prevention were less likely to recidivate in a randomized control trial. The home safety and cleanliness component of this program is reported to be an efficient and inexpensive method for reducing hazards in the home. At the same time,

the project appears to experience a high rate of attrition despite the report of high levels of program satisfaction.

Other approaches that appeared promising in quasi-experimental designs but are in need of more empirical support include the Special Social Support Training Project (Lovell et al.) and Social Network Intervention Project (SNIP; Gaudin, 1990/1991) for neglectful families. Both of these programs demonstrated increased positive influences on the social network size of participants, and in the SNIP, significant changes in parenting skills. Iwaniec's (1997) parent training program achieved significant reductions in emotionally abuse behaviors and Carlo (1993) demonstrated that a combination of parent education and parent involvement in children's residential placement leads to an increased probability of family reunification. These findings, although preliminary, suggest that a number of intervention modalities, either alone or in combination, may be effective in improving child welfare service outcomes.

Previous research has suggested that several factors lead to differential drop-out rates or poorer treatment outcomes. In this review, factors included the presence of domestic violence in the family (Eckenrode et al., 2000); parenting children with more behavioral problems (Fox et al., 1991); participant depression or mental illness (Baydar et al., 2003; Choi et al., 1997); parental poverty and unemployment (Choi et al., 1997); and a participant's African American ethnicity (Timmer et al., 2005). Some factors also appeared to improve retention and program outcomes, including participants that were better educated, older at first pregnancy, and more satisfied with their social support (Hughes & Gottlieb, 2004), as well as participants with fewer risk factors (Landy & Munro, 1996) and participants who were single (Carlsen, 1997). The coupling of the parenting program with other resources was also found to improve parenting outcomes (Chase & Nelson, 2002).

CAVEATS AND CONSIDERATIONS

Though many of the promising programs featured have demonstrated positive changes in parenting, agencies considering the adaptation and/or implementation of these programs should be aware of several caveats (see Figure 6). The conditions under which most research is conducted differs in many ways from the conditions under which programs are delivered in everyday settings. These settings differ in terms of the training and style of the practitioners that implement the

FIGURE 6. Caveats and Considerations in Program Implementation (adapted from Schoenwald & Hoagwood, 2001)

Promising programs replicated in the San Francisco Bay Area may not produce the same results. Sources of variation in program outcomes include:

- Implementation of intervention (e.g. adherence to model, tweaking, modifying components)

- Practitioner characteristics (e.g., training, clinical supervision, type of practitioner)

- Participant characteristics (e.g., developmental stage of child and parent; child welfare referral problems, such as substance use; source of referral, such as judge, social worker, etc.; ethnicity and cultural identification of parents; family context, such as presence of domestic violence; timing of and participation in other services, such as counseling or substance abuse treatment)

- Service delivery characteristics (e.g., physical location of sessions, organizational culture, policies affecting personnel)

- Service system characteristics (e.g., financing methods, interagency working relationships)

program model, the presenting problems of parents and their children, as well as the timing and duration of other services that they may be enrolled in simultaneously. Variation in these characteristics may lead to outcomes that differ from the results presented here. Other factors include the physical location of the sessions, characteristics of the organization responsible for service delivery, as well as other elements of service delivery such as payment and financing. Furthermore, deviations or modifications from the original intervention model will likely lead to outcomes that differ from the results reported here. Therefore, the process of moving a promising program into the practice setting re-

quires decision making about which variables are most relevant, close monitoring of adherence to the program model, and careful measurement and monitoring of outcomes.

RESEARCH RECOMMENDATIONS

While several promising programs were identified, only two programs, home visitation and Project SafeCare (Eckenrode et al., 2000; Gershater-Molko et al., 2002), demonstrated improvement in specific child welfare outcomes with child welfare populations in the most rigorous evaluations. Given the caveats of implementation mentioned in Figure 6, the major message is that more research is necessary to determine the effectiveness of promising programs for child welfare populations in addressing child welfare outcomes of interest.

To build evidence for parenting programs for child welfare we recommend the launch of multi-year research and development projects. Such projects would involve the consensus-based selection of a promising program that ideally has already demonstrated some degree of efficacy in a randomized control trial for implementation in multiple counties or jurisdictions. Such a project would systematically monitor implementation and evaluate program outcomes at multiple time points in relation to child welfare indicators of interest while taking into consideration those parent, child, and programmatic characteristics that typically predict program drop-out for families that come to the attention of the child welfare services system.

PROGRAM IMPLICATIONS

One of the goals of this review was to assist child welfare practitioners in their efforts to identify the most appropriate parenting programs for both contracting as well as referral purposes. There are many issues connected with this goal and they are illustrated in Figure 7 as they relate to contracting decisions. The issues are laid out in the form of a guide for practice that includes key questions that emerged from the literature review. The questions have been categorized into the following sections: (1) program objectives, (2) program content, (3) program implementation, (4) program evaluation, and (5) program costs. Program objectives refer to the relevance of the program for child welfare populations and how these objectives are specified. Along these lines, agen-

cies are encouraged to harness existing information about the characteristics of the families that enter their systems through their administrative databases to better target contracted services. Program content includes the appropriateness of the program for different client populations as well as the elements of the program that are linked to specific outcomes. Program implementation refers to the effectiveness and efficiency of the way the program is managed and how the participants are involved in the program. Program evaluation involves the degree to which the objectives are measured and how they are linked to specified outcomes. Finally, program costs relate to the fees charged for each participant, the cost of related training materials, and the costs associated with follow-up and on-going support.

THEORETICAL IMPLICATIONS

In this review, we opted to conduct two parallel appraisals of the research in the area of parenting programs: (a) critical appraisal of the evidentiary base to assess the extent to which we can infer that a particular parenting program achieves its desired outcomes and to determine the client and setting characteristics to which outcomes are generalizable, and (b) critical appraisal of the conceptual base to assess the extent to which program outcomes are matched to theoretical accounts of maltreating parents and the extent to which theoretical accounts match the realities of child welfare populations and practices. Based on these assessments we identified implications for child welfare agencies to consider for future research and for contracting for parenting education programs. We also identified several implications for theory. Broadly speaking, these questions relate to an overall theme of what we would term "ecological validity." In other words, to what extent are program outcomes matched to theoretical accounts of maltreating parents? To what extent do theoretical accounts match the realities of child welfare populations and practices?

Although links do exist between theory and outcomes, these linkages lack depth and breadth. As mentioned, Azar's theoretical model suggests that attention to each of the five key domains outlined is critical in intervention with maltreating families. Of the studies reviewed, a majority of studies included only one theoretical domain (equally distributed among social cognitive processing or parenting skills). Of the remaining 24, fifteen focused on two domains, mostly including social

cognitive processing. Finally, eight included three domains, including a combination of social cognitive processing and parenting skills plus an additional domain of either social skills or stress management. In short, these results suggest a picture of a few multi-pronged programs, a set of programs focused on social cognitive processing and parenting skills in combination, and a set of cognitively based and skills based programs, respectively.

This distribution and patterning of program outcomes across theoretical domains raises several areas of discussion points and implications. A first area of discussion centers on the relationship between program breadth and outcomes. Combining results from our empirical and theoretical appraisals, it appears that more theoretically deep interventions were associated with more positive outcomes. What is less clear is whether this relates to program intensity or whether it reflects strong alignment with key causal mechanisms associated with parenting within maltreating families.

A second area of discussion relates to the question of the specificity of intervention effects. Clearly, the caregiving domains specified in Azar's framework overlap considerably and, as noted above, Azar's own writings clearly implicate the social-cognitive processing domain as central. From the perspective of intervention, this raises the question of whether a single treatment domain or, alternatively, particular combinations of domains appear especially powerful. This is important to consider from the perspective of theory refinement. But it is also has important implications for intervention. From the perspective of child welfare organizations, the more complex the program, the more difficult it is to implement.

A third set of discussion points center around the utility of theoretically-based programs in general. There is always a complex set of trade-offs involved in linking theoretical knowledge to interventions. By definition, theories are abstractions. One set of trade-offs is involved in the process of operationalizing this set of interactions. This raises issues as to the success of the operationalization process. Did we adequately capture the theory in this respect? There is also a second trade-off. Theories are not meant to accurately represent real situations or persons. In short, is there evidence that there is a good enough match between the realities faced by child welfare workers and parents and the general propositions of the theory. In other words, is the Azar framework applicable to practice?

FIGURE 7. Contracting for Parenting Programs (adapted from Mathews & Hudson, 2001)

Relevance of Program Objectives	• Target population? (development stage/problems of parents and/or children) • Behaviors to be affected? (described in measurable terms) • Types of situations? (circumstances or conditions in which the behaviors are to be modified or strengthened?) • Measurement? (standards/criteria for assessing new behaviors) • Frequency of measurement? (specific points in time when measurements will be taken) • Outcome measures? (specific outcomes against which performance of new behaviors will be assessed)
Program Content	• How many of the core parenting issues will be addressed? (social cognitive processing, impulse control, parenting skills, social skills, and stress management?) • How has this content been validated with prior evaluation? (what prior outcomes does the program demonstrate?) • How age-appropriate (children) and adult-learning acceptable are the training methods (experiential, safety hazards, etc.?)
Program Implementation	• To what extent does the advertised program match the actual delivery of the program? (Does content of program match what is described in the materials? Can program demonstrate adherence to original treatment model, if relevant?) • How are parents involved in the program? (attendance, task completion, etc.?) • How are factors related to program drop-out managed? (How are issues related to substance abuse, depression, domestic violence, etc. managed?) • To what extent does the program reflect a manageable capacity to serve clients (how many clients will the program serve per year?)
Program Evaluation	• How are the performance goals for each parent assessed in relationship to the program objectives? (Do the outcomes match up with the program objectives?) • How is the management of program drop out evaluated? (How will the program communicate drop out issues with the child welfare worker?) • How is participant satisfaction monitored throughout the implementation of the program? (Are satisfaction assessments made anonymously or are they completed in the presence of the program managers?) • How is the communication with the child welfare agency (participant progress and participation) assessed?
Program Costs	• What are the costs associated with sending one person through the program? • What are the costs of the training materials and instructor training associated with the program if we were to train our own staff to operate the program? • How do the costs associated with various programs compare with one another? • Are the differences in costs related to differences in outcomes?

A fourth set of discussion points center around the utility of the Azar framework in general. Does the Azar framework appear to adequately cover the sources of parenting issues among maltreating families? Finally, current conceptualizations of child maltreatment draw heavily upon the ecological paradigm. In these models, parenting is one of many factors that place families at risk for maltreatment. Drawing upon these more generalized models of child maltreatment, we might not ex-

pect that intervention exclusively focused on parent beliefs and practices would necessarily have a large impact on maltreatment-related outcomes at either the family or child level. While there is an accumulating body of research that maltreating parents have distinct parenting characteristics, we know less about how other key risk factors specifically related to parenting.

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APPENDIX A. BASSC Search Protocol

Search Terms

parent training, parent skills, parent education, child welfare, child mal-treatment, abuse, neglect, outcome, intervention, and evaluation

Databases

Academic databases for books and articles
Pathfinder or Melvyl
ArticleFirst
Current Contents Database
ERIC
Expanded Academic ASAP
Family and Society Studies Worldwide
PAIS International
PsychInfo
Social Science Citation Index
Social Services Abstracts
Social Work Abstracts
Sociological Abstracts

Systematic Reviews

Cochrane Collaboration
Campbell Collaboration

Reference lists from primary & review articles

Research Institutes

Mathmatica
Urban Institute
RAND
GAO
National Academy of Sciences
Chapin Hall
CASRC (San Diego)

Brookings Institute

Manpower Demonstration Research Corporation
Annie E. Casey Foundation

Conference proceedings

PapersFirst (UCB Database)
Proceedings (UCB Database)

Dissertation Abstracts

DigitalDissertations (UCB database)

Professional Evaluation Listserves

Child Maltreatment

Internet

Google
Dogpile

Experts / personal contacts

Exclusion/Inclusion Criteria

Exclusion Criteria:

Articles describing parenting interventions focused primarily on children's behavioral outcomes
Articles describing parenting interventions for improving children's educational outcomes, court based programs for parenting in the context of divorce and custody, programs focused on parenting children with special needs
Articles describing interventions or program approaches with no data
Studies that provided only descriptive data with no outcome data
Studies that reported preliminary results for which a subsequent evaluation provided full results
Studies that provided no description of the intervention

Inclusion Criteria:

Experimental randomized controlled trials
Quasi-experimental designs: pre and post tests/ no control group, control group that is not randomized, comparing groups that differed in the dosage of treatment they received.
Single group designs