

# Teaching Parents to Parent: What Works for Child Welfare Involved Families

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# Parent Training: The Call to Change

- Disappointing family preservation services
- Reunifications are declining (in the US)
- Reentry rates are high (20% or more)
- Reinvolvement rates (including reabuse and reentry following reunification) is higher (approaching 36% in US at 3-years)
- Adoptive parents are struggling and there are high rates of displacement of adopted children into group care

# Primary Goals of Talk

- Why we should care
- Characterize current status of parent training (education) for families involved with child welfare services
- Discuss best practice models
- Argue that CWS parent training is improvable because we have a strong base on which to build
- Suggest local options for improving child welfare outcomes via enhanced parent training

# Functions of Parent Training in CWS

- Reduce maltreatment and re-abuse
  - Children remaining at home (with and without court ordered services)
  - Children returning from foster care
  - Children remaining in foster care
  - Post-permanency services
- Improve child development trajectories
- Inform the courts and agency about parental progress

# Why Focus on Parent Training?

- Part of the social contract of child welfare services—the opportunity for parents to improve and be free of CWS involvement
  - Parents report that CWWs are good but services are poor (NSCAW)
- The most common service—may be provided to as many as 800,000 families each year
- Relatively little attention devoted to parent training services for families in child welfare

# Study Data Sources and Methods

- NSCAW data for in-home families receiving child welfare services (N=2,017)
- Key informant interviews with child welfare program managers, Caring for Children in Child Welfare study (N=78)
- Child and Adolescent Intervention Research Network (funded by NIMH) focused on parenting programs

# Organization and Delivery

	Primary Provider %
Child welfare staff	30
CWS contracted providers	35
Community based organizations	27
Mental health agencies	6
Other	3



# Organization and Delivery

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Agency requires that specific program(s) be used <sup>1</sup>	1%
Delivered in conjunction with non-CWS families	84%
At least in part, provided at no cost to child welfare by community-based organizations	61%

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## Organization and Delivery

- Parent training sessions are typically less than 15 occasions.
- About 72% of parents receive 20 hours or fewer
  - less than 10% receive 30 hours or more

# Can Effective Parent Training Help?

# YES!

- Tested parent training models for child conduct problems are very promising.
  - Changes in parenting behaviors
  - Reductions in child behavioral difficulties
  - Changes retained over time

# Nothing Will Change...

... unless we do.

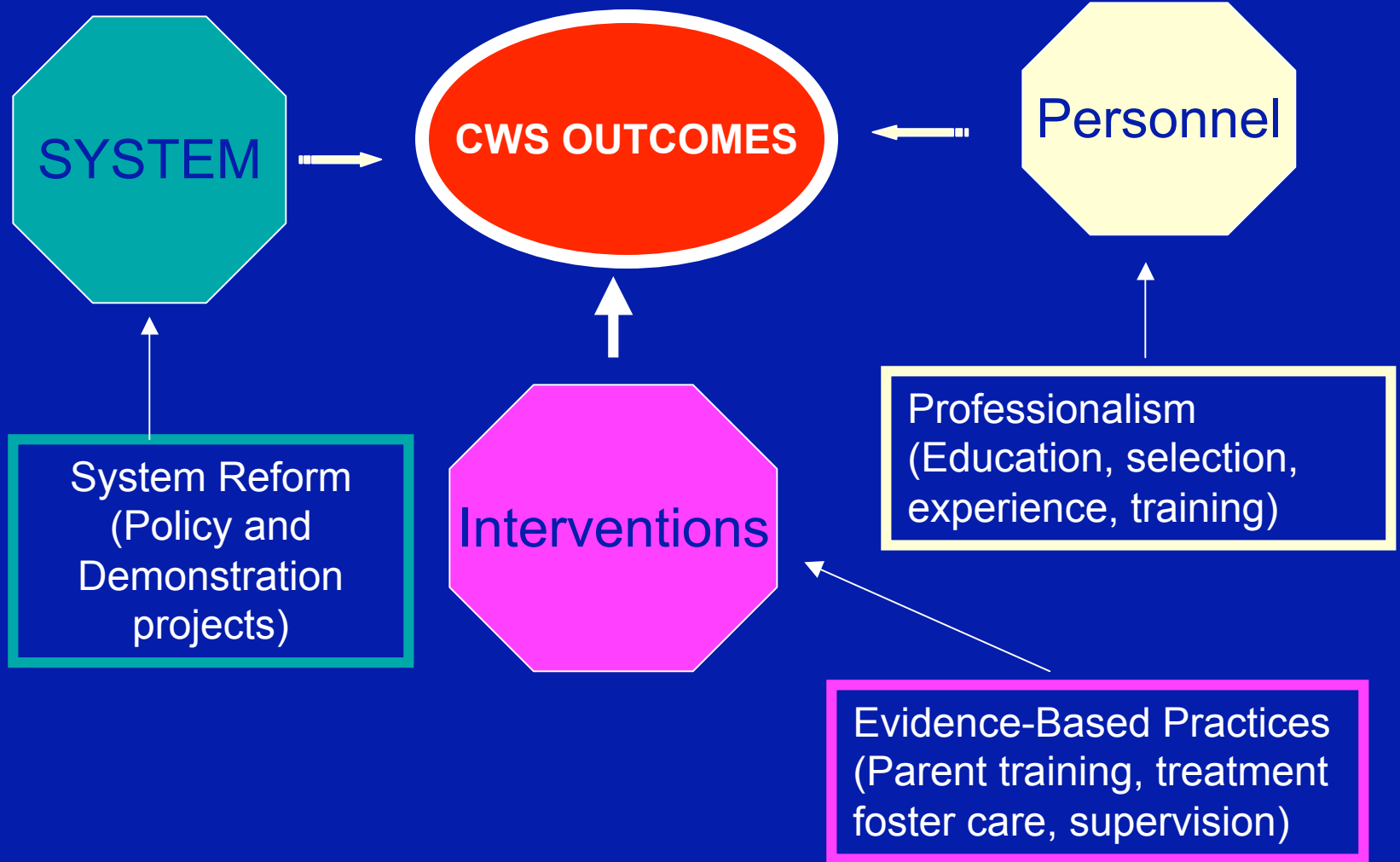
They say that time changes things, but you actually have to change them yourself (Andy Warhol).

## Child Welfare Reform Requires Multiple Changes: Not Just Evidence Based Practice

- You may think that it is the policy, the funder, the program manager, the service network, or the client that must change if we are to help more children and parents—but it is not simply so.
- We must change all of these and the way we approach the science of behavior change.

# Three Approaches to CWS Reform

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# Understanding the Evidence Base: The California Clearinghouse Criteria

## Scientific Rating

1. Well supported, effective practice
2. Supported - efficacious practice
3. Promising practice
4. Acceptable/emerging practice
5. Evidence fails to demonstrate effect
6. Concerning practice

# Effective Practice

- There is no clinical or **empirical** evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specify components of the service and describes how to administer it.
- **Multiple Site Replication: At least two rigorous randomized controlled trials (RCT's) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.**
  - In at least two of the RCT's, the practice has shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be **reliable** and **valid**, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the **effectiveness** of the practice.

# Promising Practice

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describe how to administer it.
- **At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.**
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.

# California Clearinghouse Criteria

Child Welfare Relevance...

Do The Studies Address:

1. Safety
2. Permanency
3. Well-being

# Parent Training Programs

SO FAR .....

**NO PARENT TRAINING PROGRAMS HAVE  
THE HIGHEST SCIENTIFIC RATING AND  
THE HIGHEST CHILD WELFARE  
RELEVANCE RATINGS**

# Scientific Parent Training Ratings

## Scientific Rating of 1 - Well Supported - Effective Practices

- [Parent-Child Interaction Therapy \(PCIT\)](#)
- [The Incredible Years \(TIY\)](#)
- [Triple P - Positive Parenting Program \(Triple P\)](#)

## Programs with a Scientific Rating of 3 - Promising Practices

- [1-2-3 Magic: Effective Discipline for Children 2-12](#)
- [Nurturing Parenting Programs](#) (1 = HIGH CWS RELEVANCE)
- [Parenting Wisely](#)
- [Project Safe Care](#) (1 = HIGH CWS RELEVANCE)
- [STEP: Systematic Training for Effective Parenting](#)

## Four Partnering Examples

- PCIT in OK (Mark Chaffin et al, CDC]
- Triple P in South Carolina (Prinz)
- SAFECARE in OK (Chaffin and all, NIMH)
- The Incredible Years (Under development for CWS testing)

# Parent Child Interaction Therapy (PCIT)

- The PCIT program is for children 4 to 10 and consists of:
  - Relationship Enhancement: Parents are taught and 'coached' how to decrease negativity and increase consistently positive communication with their child.
  - Discipline: parents are taught and 'coached' the elements of effective discipline and child management skills.
  - Parents are taught specific skills, given the opportunity to practice these skills during therapy, then continue practicing skills until mastery is acquired and the child's behavior has improved.
- PCIT is now in place in NYC (used with foster parents) several CA sites and other states
  - Therapists provide reports of parental competency at end of PCIT!!!

# Parent Child Interaction Therapy (PCIT)

- Parent-Child Interaction Therapy (PCIT) is a treatment program designed to strengthen positive relationships between children and their caregivers.
- The PCIT program provides parents with the opportunity to learn, practice, and master specific skills to decrease and manage unwanted behaviors and to build their children's social and emotional competence (e.g. taking turns, sharing, impulse control, frustration tolerance)

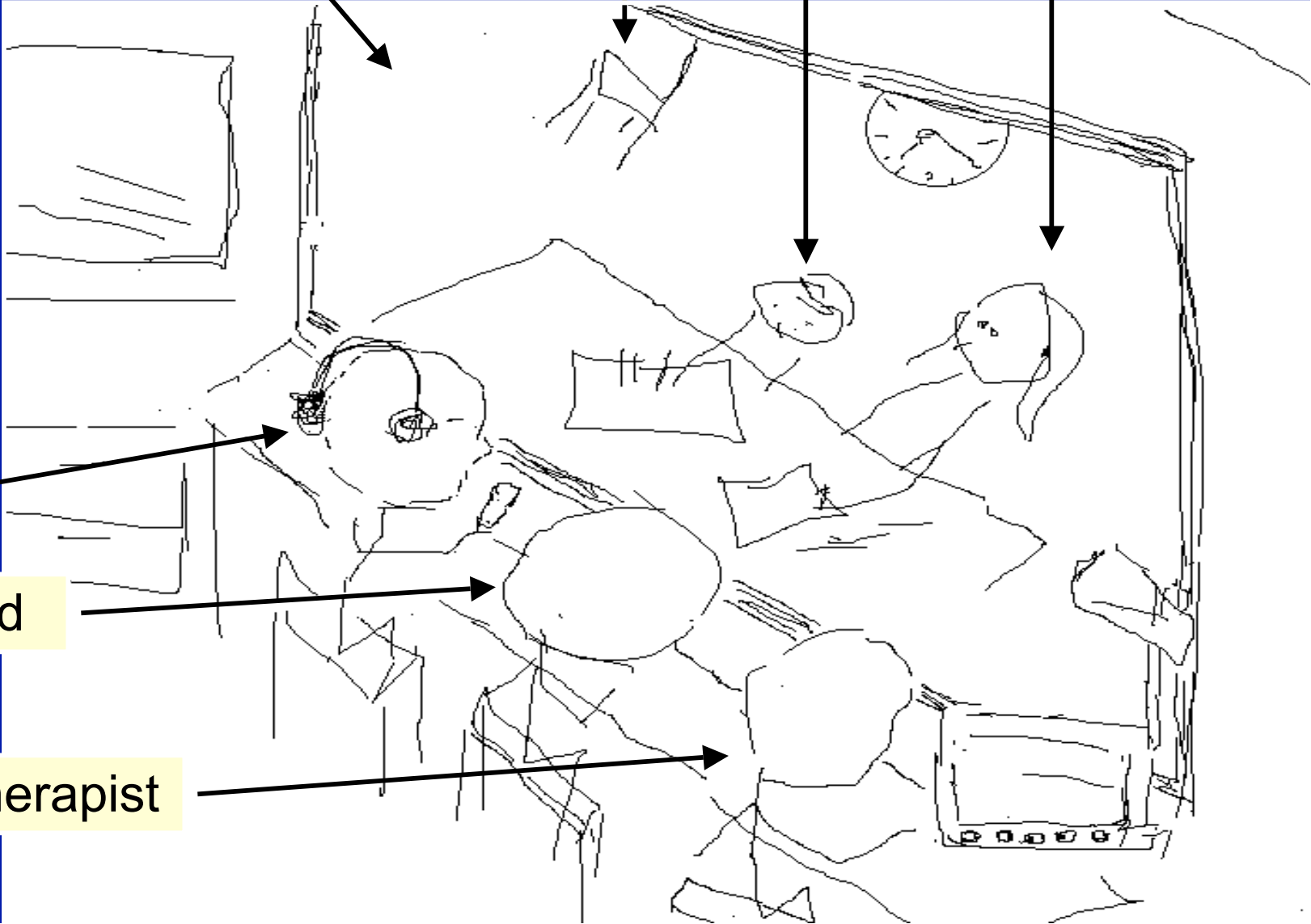
# Child's Eye View of PCIT

Two-way Mirror

Time Out Chair

Child

Mom



Coach

Dad

Co-Therapist

# Parent and Child Together

- Both parent and child behaviors improved
- Interaction skills determine session content
- Parenting errors corrected on-the-spot
- Parents know therapist understands their child
- Steps through treatment guided by skill master

# PCIT: Child vs. Parent Directed

## *Child-Directed Interaction*

**CDI**

- **Parents follow**
  - Play therapy skills
  - Nonverbal communication
  - Differential social attention

## *Parent-Directed Interaction*

**PDI**

- **Parents lead**
  - Contingency management
  - Limit-setting
  - Consistency
  - Problem solving
  - Reasoning skills

# Structure of PCIT

- Assessment sessions
  - Pre-treatment
  - Post-treatment
  - Follow-up
- Teaching sessions
  - Describing
  - Modeling
  - Role-playing
- Coaching sessions
  - Check in - review of week
  - Parent plays with child in playroom
  - Therapist codes from observation room
  - Therapist coaches parent through bug-in-ear
  - Two parents take turns
  - Check out - homework plan

## Treatment Completion Criteria

- Parent skills at mastery level
- Child behavior rated in normal range
- Parent confident in child management

The one and only CWS Parenting Program with a Competency Test

# PCIT Research Findings

*(with children experiencing conduct problems)*

- Adequate skill acquisition by parents including:
  - increases in reflective listening, physical proximity, and pro-social verbalizations
  - decreases in sarcasm and criticism of the child
- More positive parental attitudes toward child
- Parent report of behavior problems to within normal limits
- Parent self-reported improvements in psychopathology, personal distress, and parenting locus of control
- High consumer satisfaction with process and outcome
- Maintenance of treatment gains at six and twelve months
- Generalization to untreated siblings
- Generalization to home
- Generalization to school

HOME

WHAT'S NEW

BACKGROUND

USAGE GUIDE

IMPORTANCE OF EBP

IMPLEMENTING EBP

TOPICAL AREAS

SEARCH

RATINGS

LEADERSHIP

GLOSSARY

RESOURCES

EMAIL ALERTS

contact | sitemap | faq  
limitations and  
disclosures

## Parent-Child Interaction Therapy (PCIT) - Summary

### Scientific Rating:

1

Well Supported - Effective Practice  
See scale of 1-6

### Relevance to Child Welfare Rating:

2

Medium  
See scale of 1-3

**Child Welfare Outcomes:** Safety and child/family well-being.

**Type of Maltreatment:** Emotional abuse, Physical abuse, and Physical neglect

**Target Population:** Children ages 3-6 with behavior and parent-child relationship problems. May be conducted with parents, foster parents, or other caretakers. Adaptation available for physically abusive parents with children ages 4-12.

### Brief Description:

**Parent-Child Interaction Therapy (PCIT)** has been rated by the CEBC in the area of Parent Training. **PCIT** was developed for families with young children experiencing behavioral and emotional problems. Therapists coach parents during interactions with their child to teach new parenting skills. These skills are designed to strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. **PCIT** is an empirically supported treatment for child disruptive behavior and is a recommended treatment for physically abusive parents.

### Program highlighted on other evidence-based related websites:

- [Center for the Study of Violence - Colorado Blueprints](#)
- [Kauffman Best Practices Project](#)
- [National Child Traumatic Stress Network](#)

## PCIT, RCT in OK with PA Parents

- Participating parents had history of engaging in severe physically abusive behavior.
- Physical abuse re-report rates at a median of 850 days of follow-up were 19% for the PCIT group compared to 49% for a standard community parenting group.
  - Addition of individualized wrap-around services did not improve physical abuse re-report outcomes (and may have been counterproductive).
  - No differences in outcomes by age, gender or race/ethnicity  
Different therapists achieved comparable results.
- PCIT cost more than standard approach, but the longterm savings were greater.

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Breston, E. V., Balachova, T., et al. (2003). *Physical abuse treatment outcome project: Application of parent child interaction therapy (PCIT) to physically abusive parents*. Washington, D C: U. S. Department of Health and Human Services, The Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

# PCIT Adaptations

- The age group had to be modified from 4-10 to 4-12
  - Changing the age group also changes the way that *time out* needs to be taught and reinforced
  - Working with older and abused children was different than working with younger and conduct disordered children, insofar as there was less naturally occurring misbehavior by the abused children
- Transportation was a major issue because the foster parents did not have the same motivation as biological parents have
- PCIT required a much higher initial investment. Usual and customary parent training care in OK was \$15 an hour for the therapist, with no prep time.

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Breston, E. V., Balachova, T., et al. (2003). *Physical abuse treatment outcome project: Application of parent child interaction therapy (PCIT) to physically abusive parents*. Washington, D C: U. S. Department of Health and Human Services, The Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

# Parent-Child Attunement Therapy (PCAT)

- PCAT is a modification of PCIT for children between 12 months to 36 months.
- The primary focus is on relationship enhancement, or attunement, between parent and child.
  - Reduce caregiver's distress related to child
  - Focus on increasing parent enthusiasm
  - Increasing positive touch
- It is a “work in progress”, it is not an evidence-based, structured treatment model...yet.

# Implementation of PCAT

## PCAT Learning Collaborative

- Trainings conducted by master level clinicians (faculty), using adult learning principles
- Monthly group consultation by faculty
- Individual consultation with faculty as needed
- Ongoing conference calls
- Collaboration with home visitors and community partners

# Project SafeCare

- Trial in Oklahoma has promising preliminary findings (Mark Chaffin, PI)
  - Neglecting families that get **SafeCare** when the parent trainer gets **high levels of supervision** are having fewer re-reports of neglect than:
    - Families getting SafeCare without intensive supervision
    - Families getting services as usual

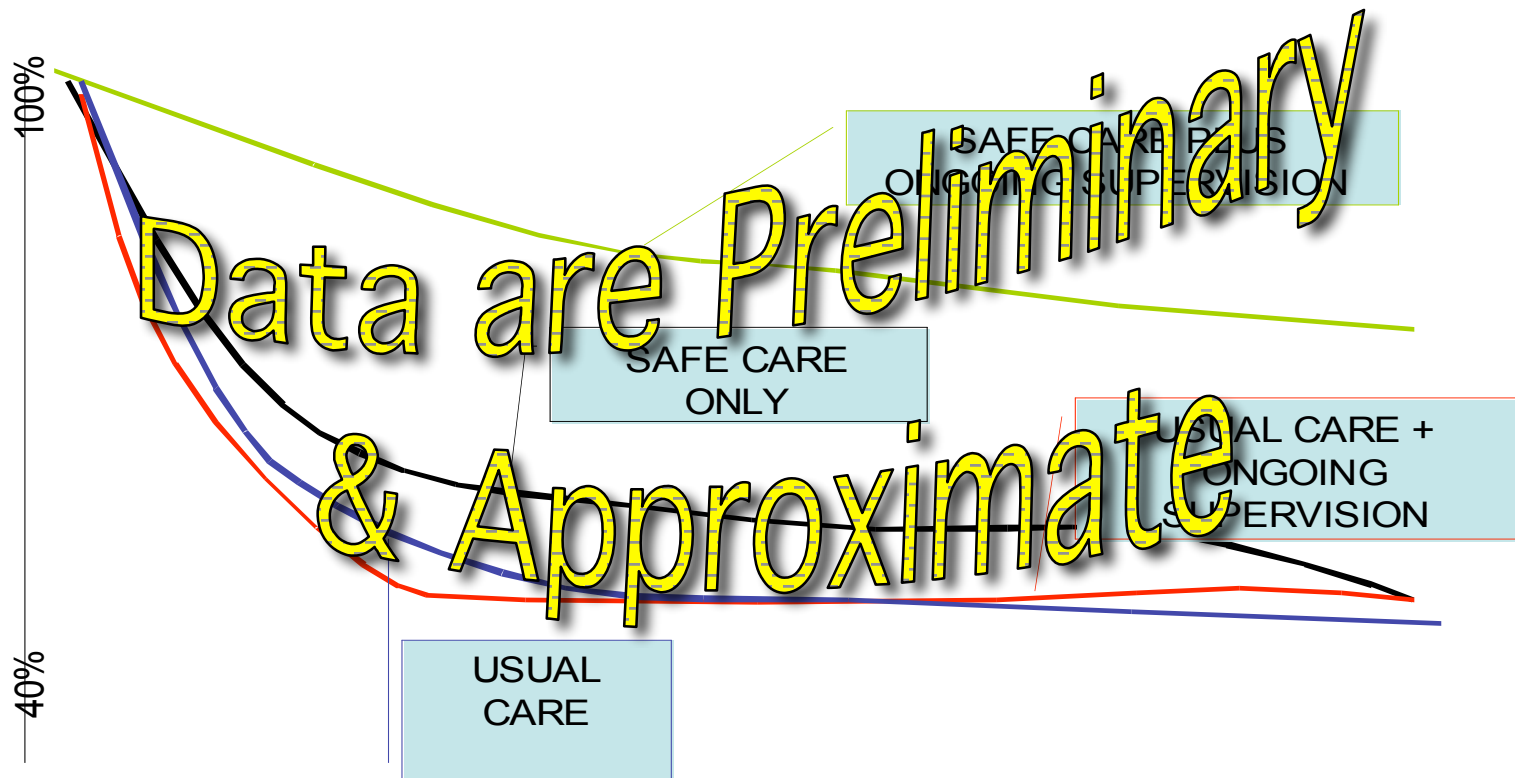
Lutzker, J. R., & Bigelow, K. M. (2002). *Reducing child maltreatment: A guidebook for parent services*. New York, NY: The Guilford Press, describes the “SafeCare” Intervention

# Project SafeCare

- RCT in Oklahoma (2X2 Design)
  - SafeCare vs. Usual Care
  - Intensive Supervision vs. Usual Supervision
- Home-based set of skills-based parent training interventions
- Includes a set of twelve protocols focused on building parent skills in the areas of
  - parent-child interaction,
  - self-control training
  - general parenting training
  - money management, and others.
  - infant and child health care,
  - and home safety and cleanliness.

# Project SafeCare in OK

## Time to Reabuse by Condition



# Project SafeCare Modifications

- Extensive supervision is needed following instruction
- Appears to work best with “neglect” cases, requiring that cases be sorted by maltreatment type prior to referral
- Requires that services be in the home

# The Incredible Years (TIY)

- Carolyn Webster Stratton (U.W.) developed; she is a nurse and psychologist who also trained at OSLC and is very interested in developing TIY for child welfare work

- The Incredible Years Home:

<http://www.incredibleyears.com>

- Office of Juvenile Justice and Delinquency Prevention-exemplary best practice program:

[http://www.ncjrs.org/html/ojjdp/2000\\_6\\_3/contents.html](http://www.ncjrs.org/html/ojjdp/2000_6_3/contents.html)

- Strengthening Families:

[http://www.strengtheningfamilies.org/html/programs\\_1999/03\\_IY\\_PTCTS.html](http://www.strengtheningfamilies.org/html/programs_1999/03_IY_PTCTS.html)



# Parent Training

- 4 Program blocks, covering ages 2-12.
- Developmentally appropriate training for:
  - Discipline and limit-setting
  - Problem-solving
  - Encouraging + behaviors
  - Increasing school engagement and achievement
  - Communication
- Materials include videotapes, books, “homework,” reminder magnets and notes for fridge, posters.



# AND Child Training

- Small groups for aggressive children:
  - Counselor or therapist-administered.
  - 20-22 weeks, groups of about 6 children
- Dina Dinosaur Curriculum:
  - Classroom-based, teacher-administered.
  - Emphasis on academic and social skills (following the rules, problem-solving, understanding feelings).
  - 60 lessons, administered 2-3 times per week.
  - Includes Circle Time and small group activities.



## Key Features Of TIY

- Children and Parents are Both Learning the Same Skills in Groups
  - Self control and anger management
  - Giving “time out” (accepting “time out”)
- It’s Enjoyable for All

CWS HAS ALMOST NO PARENT TRAINING RESOURCES THAT OCCUPY PARENTS AND CHILDREN TOGETHER BUT DO NOT REQUIRE THEM TO BE TOGETHER

## Needed Adaptations

- The full version is 22-weeks long, which will be too long for many attorneys who will want their clients to only agree to go to parenting classes that they can complete before their 3-month hearing
- The child and parent groups require therapists, whereas most public agencies only have therapists for the parents (if at all) and child care for the children
- Although there is content on parental monitoring it does not integrate child welfare law
- The age range of 4-8 is narrow and it would be difficult for many agencies to generate classes of parents with children in that age range.

# Triple P: Levels of Intervention

## **Universal Triple P**

Level One (Media)

## **Selected Triple P**

Level Two (Workshops/Seminars)

## **Primary Care Triple P**

Level Three (Brief Consultations)

## **Standard Triple P**

Level Four (Group Parent Training)

## **Enhanced Triple P**

Level Five (Intensive Services to 1 Family)

# Triple P: Positive Parenting Program

- Public Health Approach
- Synergistic Goal
  - Implement the entire Triple P System concurrently
  - Media/communication strategies (Level 1)
  - Parenting seminars (Level 2)
  - Brief consultation levels (Levels 2 & 3)
  - More intensive programming (Levels 4 & 5)

## Evaluation of Triple P in South Carolina

- 82 Professional training courses
- Providers work in various settings:  
daycare and preschools, mental health, social services, elementary schools, churches, NGOs, healthcare system

# Who is Eligible?

- Families who have at least one child 0-7 years old
- Between 9,075 and 13,620 families in a 12-month period have participated in Triple-P

# Effectiveness on Child Maltreatment

Per 1,000 children 0-7

- Triple P 11.7
  - Comparison Counties 15.1
- Effect Size (Cohen's  $d$ ) = .90,  $p < .05$

# Out of Home Placement

Per 1,000 children 0-7

- Triple P 3.44
- Comparison Counties 4.71
- Effect Size (Cohen's  $d$ ) = 1.22,  $p < .05$

# Effectiveness on Injury Prevention

## Child Hospitalizations & Emergency Room Visits per 1,000 children 0-7

- Triple P 1.41
- Comparison County 1.60

– Effect Size (Cohen's  $d$ ) = 1.14;  $p < .05$

## Three D's: Stages to Practice Change

- **Discovery** of new knowledge
- **Development** of highly effective evidence based methods
- **Delivery** of knowledge and interventions
- **Dissemination** is in infancy



**PCIT,**  
**TIY,**  
**SafeCare**  
**Triple P**  
development  
for 30 years

## Movement Toward Bringing Evidence Based Parent Training to CWS

- Good new ideas have been developed that could assist CWS
- Their use will require deep involvement of CWS in implementation:
  - We cannot implement them all at once
  - We must allocate adequate resources to adapting them to CWS populations and practice parameters
  - We must also provide extensive supervision during implementation

# Implementation Conclusions

- Model programs are not in use but now can be
- If model programs are not used, local programs can make a difference by adhering to best practice guidelines:
  - The amount of parent training received is frequently less than model programs
- Child welfare agencies can exercise more control over what parent training programs are used

# Child & Family Service Reviews (CFSRs) and Parent Training

- Emphasize parent training
- Require developmentally appropriate parent training
- Remember the lessons of Fort Bragg
  - Coordinated services will not matter if there is not an effective intervention at the end
  - Effective parent programs are critical to all systems of care

# What Should We Expect of Ourselves

- Expectation of *evidence based* parent training
  - Assess whether components of effective parent training are present
- Expectation of developmentally appropriate parent training
  - Parenting programs should vary with the very different parent and child needs associated with the child's age

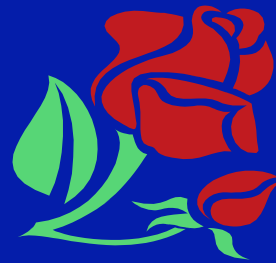
# Parent Training Overlooked

- Federal policy, Promoting Safe and Stable Families (PSSF), now provides no incentives to improve the *quality* of parent training
  - But counties can hold themselves to a higher standard
- A dedicated source of research funding is needed to develop and evaluate the application of evidence-based parenting programs in CWS
  - Funding of parent training research should be predictable so that this field can grow
  - Building on existing non-CWS programs is strongly indicated

# A GREAT PLACE TO START

- Communities that care can make a difference!
- When we make a difference for one child and family we change the future of that family, the next generation, and the future of our country
- We strengthen the fabric of society one thread at a time, or—one time when we help a parent notice a child doing well

**Thank you for this opportunity and  
GOOD LUCK!**



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## Appendix A: Keeping Up

- Science-based prevention programs and principles: Effective substance abuse and mental health programs for every community.
  - [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov)
- California Evidence Based Clearinghouse for Child Welfare
  - <http://www.cachildwelfareclearinghouse.org/search/topical-area/1>
- Systematic Reviews
  - [www.campbellcollaboration.org](http://www.campbellcollaboration.org)