

"Parent-Training Programs in Child Welfare Services: Planning for a More Evidence-Based Approach to Serving Biological Parents," by Richard Barth, John Landsverk, Patricia Chamberlain, John Reid, Jennifer Rolls, Michael Hurlburt, Elizabeth Farmer, Sigrid James, Kristin McCabe and Patricia Kohl," Research on Social Work Practice, September 2005.

These authors are (or were at the date of publication) members of the Child and Adolescent Intervention Research Network, a collaborative effort among the Child and Adolescent Research Group at Children's Hospital in San Diego, the University of North Carolina School of Social Work, the Effectiveness Group at the Duke School of Medicine, the Department of Psychiatry at the University of Pittsburgh and the Children's Research Institute at Ohio State University. Merely to list these distinguished scholars and their institutional affiliations suggests the amount of intellectual talent and resources being invested in advancing an evidence-based practice agenda in child welfare. The authors draw on information from the National Study of Child and Adolescent Well Being (NSCAW), a longitudinal study of both in-home and out of home child welfare services in the United States. NSCAW is an important well designed well financed (over \$50 million dollars was spent on NSCAW in its first 3 years of data collection) study which has already generated a steady stream of articles on a range of different topics. NSCAW is designed to permit generalizations about child welfare services nationally in that its sample includes 6000 children and families in 90 different communities across the country.

These authors comment that at least 400,000 child welfare services (CWS) recipients participate each year in voluntary or court ordered parent training programs; 28% of parents whose cases are closed following a CPS investigation "will have parenting classes provided, referred to or arranged by the child welfare agency." The authors maintain that "Parent-training programs are clearly a linchpin of governmental responsibility ... to provide reasonable efforts to preserve, maintain, or reunify families who have become involved with CWS." In addition, courts frequently order parents to complete parent training programs, sometimes the authors believe to test parents' commitment, cooperation and organization as much as to increase parenting skills.

The authors state that "The search for effective parent-training programs has been long and slow." Until recently, there were few parenting programs designed for child welfare families and the few programs that existed had not been rigorously tested through experimental research. However, the authors assert, "A new generation of parent-training programs has emerged and warrants another look." These authors are interested in programs which (a) assess parenting problems, (b) teach parents new skills, (c) provide opportunities for parents to practice these new skills with their children and (d) allow the parents to receive trainer feedback on their application of the skills

recently acquired. As the authors define parent training, it does not include clinical work with children and families. In practice, this is a difficult distinction to make because some well known clinical treatments such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) include a parent training component.

The authors notice that when participation in parent training is court ordered, the emphasis of public child welfare agencies and the courts tends to be on successful completion of a program, not on improvements in parenting skills. They comment that "Inquiries to child maltreatment list servs identified only one program -- involving the reporting of competencies learned in Parent -Child Interaction Therapy -- that had a systematic way of assessing and communicating information about parenting as part of the legal process." The authors believe that assessing the motivation and ability of the parent to provide for child safety should be the responsibility of the child welfare caseworker, not the parent trainer. "Parent trainers need to have the freedom to engage families in the process of change and not worry that this effort might contaminate their assessment of a client's motivation," the authors state, a common perspective among therapists as well. In practice, caseworkers and courts often insist on hearing service providers' views about a parent's capacity for 'good enough' parenting.

The authors state that the parenting problems of parents involved with CWS are not well understood. For example, "only about 1 in 12 (parents) are identified with the problem of using excessive discipline." "Yet, parent- training programs in CWS are, generally, designed to address alternatives to excessive discipline." As is so often the case in child welfare, programs tend to be designed for physically abusive or sexually abusive parents; "there is little written in the parent-training literature about working with neglecting parents, or parents of children younger than 3. Only Project 12-Ways has made child neglect its explicit focus," the authors assert even though most parents served by child welfare agencies are referred for neglect.

The authors failed to find any parent training programs "that meet the Chambless and Hollon's criteria for effective programs or that reach the A level on the Cochrane scale, criteria commonly used to define levels of evidence. Remarkably, according to the authors, "There is not a single intervention that has generated a published peer-review article based on a study in which they accepted referrals from a child welfare agency, randomly assigned them to a treatment condition, and evaluated the outcome." However, some programs tested in randomized clinical trials have included maltreated children in their samples, for example The Incredible Years, the parent training program created by Carolyn Webster Stratton at the UW School of Nursing.

The authors identify four programs which they believe have the greatest promise for use in child welfare settings: The Incredible Years; Multisystemic Therapy; The Oregon Social Learning Center's Parent Management Training and Parent-Child Interaction Therapy (PCIT). "The many evidence-based reviews that cite these programs indicate their high ranking," the authors state. These "time and family-tested parent-training programs are poised for adaptation for greater use with CWS" because "Each has already had clinical trials that included maltreated children," the authors state. However,

"only PCIT has met the most stringent criteria for effectiveness -- involving randomized clinical trials with a target population of maltreated children..." according to these authors.

The authors classify four additional programs as "possibly efficacious and commonly used in child welfare." These programs have been tested with quasi-experimental designs or with a series of single subject designs. These programs are Parenting Wisely (Gordon, 2003); Nurturing Program (Bavolek, 2002); Project 12-Ways (Lutzker and Rice, 1984); and STEP (Adams, 2001). These are well researched programs but "the research designs would only meet the level of evidence for a grade of B or C using the criteria of the Cochrane collaboration." The authors view these programs as "welcome and promising parent training programs because they have met the test of implementation (perhaps better than they have met the test of evidence)."

A third classification of programs is conventional parent training programs "including those that operate in many agencies and have virtually no evaluation support." This type of program may well be the most common service delivered to CWS families. The authors do not advocate dismissing or devaluing these programs out of hand. Many of the programs have face validity; some have manuals and Web sites; and they "have been tailored to the time, resources, and trainer skill levels that child welfare agencies now have available for parent training." Many of these programs are brief, low cost and do not require advanced degree for trainers, according to the authors. In addition, some of these programs such as Love and Logic may be appealing because they don't require parents to make big changes in their parenting practices, the authors believe.

The authors believe that the evidence-based programs discussed in their review "would fall along the more intensive and expensive side of this array (of parenting programs)." The authors think that resources to support such programs can be found by sending far fewer families to parenting programs, "instead focusing on families in which children's behavior and evidence of poor parenting skills are clearly evident." The authors go on to say that "This would have to be supported by the juvenile court, given their historic referral of the preponderance of families to classroom centered training as well as the CWS agency."

The authors comment that most of the best known evidence-based parent-training programs have been designed to deal with children's disruptive behavior "whereas child-welfare oriented parent training focuses on parents who are identified as having provided inadequate parenting." Again, parent training programs for neglecting parents may need to be different than programs for abusing parents, especially for parents with children 0-3. The authors believe "it is necessary to bring a developmental sensitivity to the interventions by arraying interventions by ages that ... (programs) have successfully addressed, at least for other populations..." "Age is a very salient factor in parent training," the authors believe.

The authors advocate for further research to determine if 6-10 week parent training formats are effective "or whether an entirely new structure needs to be developed." The

authors surprisingly fail to mention the need for research to determine the optimum time to deliver parent training to substance abusing parents enrolled in drug treatment programs or to parents with mental / emotional problems receiving mental health treatment. The authors also advocate that there be a search for elements which are the most powerful contributors to each of the most promising programs. "Such components might be most expeditiously added to existing conventional child welfare parent training because they might most closely fit within the existing time frames and costs." This does not sound like a battle cry for fidelity to program manuals.

The authors opine that "Given the routine denial of a reasonably effective parent-training program for hundreds of thousands of families each year, a sprint toward evidence-based parent-training programs is now in order." The authors believe agencies and courts should expect that programs "meet the specific developmental and parenting needs of families" and that assessment structures be developed to accurately identify what parents need instead of funding 'one size fits all' parenting skills training programs. "Instead, an assessment process is needed that determines what skills are available to families, what deficits in parenting exist, and what circumstances seem to elicit maltreating responses," the authors assert. These assessments should be conducted by the same provider that provides parent training and may require home visits, the authors believe.

"We must also jettison the assumption that nearly every family needs or can benefit from parenting classes. The empirical evidence... simply does not support this belief," the authors state. The authors recommend that agencies consider a two stage approach in which classroom instruction is followed by more extensive training for some families.

What these authors want is an array of developmentally specialized rigorously tested (through randomized trials) parent training programs of varying intensity which are delivered to parents after a careful assessment process conducted by a parent trainer has identified parenting strengths and deficiencies and the changes in parenting behavior needed to eliminate child maltreatment. This is a bigger agenda than the typical effort of state systems to develop lists of programs deserving an EBP label and to devote more of their discretionary family support budgets to EBP programs.