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Parent education in a child welfare setting: understanding maltreatment following an intervention for parents and their infants, toddlers, and pre-school children

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PARENT EDUCATION IN A CHILD WELFARE SETTING: UNDERSTANDING
MALTREATMENT FOLLOWING AN INTERVENTION FOR PARENTS AND THEIR
INFANTS, TODDLERS, AND PRE-SCHOOL CHILDREN

A Dissertation
Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
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Doctor of Philosophy

in

The School of Social Work

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ABSTRACT

Child abuse and neglect is a complex, multi-faceted problem that often has lifelong, negative consequences for its victims; most significantly affecting infants, toddlers and pre-school age children. Parenting classes are the most common intervention used by child welfare agencies as a means to prevent repeat maltreatment, yet there is very little research involving these targeted families. Prior research has primarily focused on the prevalence of and risk factors for child maltreatment, with much less attention on specific parenting program outcomes as implemented in a child welfare setting.

In 2005, focusing on a more deliberate and systematic approach in the use of parent education as an intervention, Louisiana's child welfare agency implemented the Nurturing Parenting Program (NPP, Bavolek, 2005) for parents of infants, toddlers, and pre-school children. An initial evaluation was conducted in partnership with Casey Family Programs in 2008, and this study builds on those early findings by examining the impact of child attendance with their parent at the classes, parenting and childrearing attitudes of caregivers, and safety factors identified prior to a referral for parenting, on post-intervention maltreatment.

The results indicated that the extent of child participation did not predict post-intervention maltreatment. Individually, no constructs on the Adult and Adolescent Parenting Inventory-2 (AAPI-2) which measures parenting and child rearing attitudes predicted a greater likelihood of post-maltreatment for participants scoring in the high-risk range; however, the presence of an elevated score on any AAPI-2 construct at pre-test did. Only one of fourteen safety factors, substance abuse, identified during the child protection investigation prior to program participation strongly predicted post-participation maltreatment.

Several limitations are discussed such as the use of administrative data for research purposes, and the use of subjective decisions such as the validity finding of child abuse and neglect allegations. In addition, implications for child welfare practice are highlighted, including the significant association between substance abuse and child maltreatment, regardless of a parent's participation in parenting classes. This reinforces the idea that parenting classes cannot continue to be used as a catch-all intervention or one that is sufficient to address other personal or environmental problems.

CHAPTER 1: INTRODUCTION

Child abuse and neglect is a complex, multi-faceted problem, occurring in every corner of the nation, and affecting every member of society, either directly or indirectly. It is estimated that costs associated with child abuse and neglect exceed \$108 billion annually (Wang & Holton, 2007). In addition to the financial costs, the human toll of abuse and neglect is incalculable. Children who suffer maltreatment are at higher risk for a multitude of other problems that can have lifelong harmful effects including physical, emotional, developmental, cognitive and behavioral problems (Gaudin, 1993; Huebner, 2002; Thomlison, 2003).

The body of research focused on the issue of child maltreatment is relatively small. Most of the research centers around the prevalence of child abuse and neglect, the risk factors associated with abuse and neglect, and the impact on children as victims. Much less attention has been focused on interventions to prevent and treat the problem of child maltreatment, particularly as these interventions are implemented in the real world of the child welfare system. Child welfare agencies are charged with protecting children alleged to be abused or neglected, and are expected to work with maltreating parents toward providing a home environment that is safe, and where, at a minimum, children's basic needs will be adequately met.

Parenting classes have been the default service most often provided to families who come to the attention of the child welfare system (Barth, 2008). This service, however, can vary widely in philosophy, content, intensity and duration, and despite the enormous implications for the families who participate, little research has been done to understand the impact of these differences.

Louisiana's child welfare system began to tackle this issue in 1999. Over the past decade there has been significant progress; however, the process of building evidence of effectiveness is

a monumental task requiring deliberate and methodical steps. It is crucial that we continue to build on the foundation of knowledge of the largely unstudied target population of child welfare families, particularly in the context of state-run systems and the reality within which they operate.

Prevalence of Maltreatment among Young Children

In 2007, more than 3.2 million children in the United States were alleged to have been maltreated with an estimated 794,000 children confirmed victims of abuse or neglect (U.S. Department of Health and Human Services, 2009). Children under age 4 have the highest victimization rates, accounting for nearly 32% of all victims of abuse or neglect and they represented 76% of all abuse and neglect fatalities during 2007. The very youngest children – infants, toddlers and pre-schoolers are particularly vulnerable to the devastating effects of maltreatment, which can include serious consequences such as permanent physical disabilities (Kolko, 2002), failure to thrive (Famularo, Fenton, & Kinscherff, 1992), and compromised brain and central nervous system development (Perry, 1997). Physically, the small stature and immature development of young children make them susceptible to severe injuries, particularly from shaking or direct blows to areas such as the head or abdomen (Hennes, Kini & Palusci, 2001).

The neglect of children under age four accounted for more than one-third of all substantiated cases of neglect reported during 2007. Examined separately, medical neglect alone was substantiated in cases involving children under age four at a rate double that of all other age groups combined (U.S. Department of Health and Human Services, 2009). Although often less visible, the consequences of neglect can be severe and long lasting, and include problems with attachment and emotional regulation, impaired cognitive development, physical deformities, and

life-long poor health (National Clearinghouse on Child Abuse & Neglect, 2001). Additionally, research by Egeland (1988) has indicated “cumulative malignant effects” on the development of neglected children (p.18).

Young children represent the largest and fastest growing cohort of all children in the child welfare system (U.S. Department of Health and Human Services, 2009). In addition, once in foster care, these children remain in care for the longest period of time (Vig, Chinitz, Shulman, 2005). National data do indicate that the majority of children who are placed in foster care are reunited with their family; however, a significant number re-enter care. Among those who do return home, nearly one-third will experience maltreatment deemed by child welfare professionals to be serious enough to warrant their return to foster care.

Risk Factors for Child Maltreatment

In comparison to the small body of research on the effectiveness of interventions in preventing child maltreatment, there is a large body of research on risk factors that appear to be associated with child maltreatment and repeat maltreatment. Although the definitions associated with certain risk factors can vary, as can the criteria used to substantiate abuse or neglect, researchers have consistently demonstrated an association between certain risk factors and repeat maltreatment.

There is no single profile of the parent involved in the child welfare system, yet certain characteristics reappear in numerous studies. Perpetrators of child abuse and neglect most often are in their early 30's, living at or below the poverty line, have less than a high school education, have difficulty coping with stressful situations, and suffer from depression or other mental illnesses (DiLauro, 2004; Lutzker & Bigelow, 2002; & Morrison Dore & Lee, 1999).

In a monograph published by The National Resource Center on Child Maltreatment, Fluke and Hollinshead (2003) reviewed the research findings on recurrence. Risk factors examined in various studies were grouped according to child characteristics, family or perpetrator factors, and service factors. The studies reviewed were classified as having found a greater likelihood of recurrence, less likelihood of recurrence, or equal likelihood of recurrence.

Child characteristics consistently found to result in a higher rate of recurrence among all studies reviewed included: age of child (under six), those who suffer multiple types of maltreatment, presence of disability, behavior problems and a history of abuse or neglect. There was also consistent agreement that boys and girls were equally likely to experience repeat maltreatment. In 13 studies children who were neglected were found to be at greater risk for repeat maltreatment, although one study found that there was an equal likelihood compared to children who experienced other types of maltreatment. Greater severity of maltreatment was also found to produce a greater (six studies) or equal (one study) likelihood of repeat maltreatment. Findings were mixed regarding the likelihood of recurrence based on race/ethnicity of the child as well as for children experiencing physical abuse.

In the studies reviewed by Fluke and Hollinshead (2003), there was no discrepancy in the findings regarding family or perpetrator factors affecting recurrence. Factors such as substance abuse, domestic violence, large family size, family stress, lack of social support, prior CPS history, and low level of motivation or cooperation with CPS were all associated with a higher likelihood of recurrence. In addition, the two studies that examined caregiver perception of the abuse or neglect incident each found less likelihood of repeat maltreatment when the caregiver viewed the incident as seriously as or more seriously than the CPS worker.

The research examining service factors associated with recurrence is the most difficult to compare because of the huge variation in service delivery. Nevertheless, there is general agreement that lower-risk families have a lower rate of recurrence and the provision of services post investigation is associated with a greater likelihood of maltreatment recurrence (DePanfilis & Zuravin, 1999; Fluke, Yuan, & Edwards, 1999), except when the parent complies with the case plan (DePanfilis & Zuravin, 2002). This suggests that the association of recurrence and provision of services is an artifact of problem severity and low motivation.

The Role of the Child Welfare System

The function of the child welfare system is to protect children who have been, or are at risk of abuse or neglect, and strengthen a family's capacity to provide for child safety, permanency, and well-being (Child Welfare Information Gateway, 2008). Specifically, the state child welfare agency responsible for the protection of children alleged to be abused or neglected by their parent or caretaker is also responsible for helping parents ameliorate those problems that threaten the safety and well-being of their children through the referral and provision of appropriate services. Through a series of safety, risk and family functioning assessments, case workers are expected to evaluate the needs of the family and in conjunction with the family, determine the services that will best address those needs.

Although the majority of children who are substantiated as victims of abuse or neglect do not reportedly experience repeat maltreatment, data taken from the Child and Family Services Reviews (CFSR) in 2003, show that children receiving post investigation services were re-victimized at a rate 35% higher than those who did not (Diaz, 2006). Although research has not confirmed the reason for this, there are several hypotheses that have begun to be explored individually and in combination, including (1) these families represent a much higher risk for

repeat maltreatment due to certain parental, child or environmental factors; (2) the fact that the family was more visible to the child welfare agency (surveillance effect) raises the likelihood of identifying abusive or neglectful situations that might otherwise go unnoticed (Fluke, Yuan, & Edwards, 1999), (3) the services offered to the family were simply not effective, or (4) the service was not applicable to the problems leading to child maltreatment, or not comprehensive enough to prevent future maltreatment.

Parent Education as an Intervention in Child Welfare

Research regarding the frequency with which parent education services are provided to families in the child welfare system has consistently found that parent education is one of the most common forms of intervention for abusive or high-risk parents utilized in child welfare agencies across the country (Barth, et al. 2005; Halpern, 1995; Huebner, 2002). In a survey of more than 6,000 case workers, Hurlburt and colleagues (2005) found that parent education is part of the case plan for the majority of the families involved in the child welfare system. Yet, due to limited monitoring of implementation and evaluation of outcomes, we know very little about the effectiveness of parent education to prevent repeat maltreatment, particularly as it is implemented within the restrictions and limitations of the child welfare system.

Common challenges often cited among child welfare professionals working in state agencies include limited financial resources requiring more reliance on whatever free or low cost community-based services are available; pressure to comply with the Adoption and Safe Families Act guidelines related to timely permanence while adhering to the recommended level of intervention sufficient to meet the needs of high risk parents; difficulty in arranging child participation in parenting classes so that parents have an opportunity to practice new skills; timely and appropriate services to parents with multiple, complex problems which often requires

prioritizing and sequencing of services so that issues such as substance abuse and mental health problems are dealt with first; and, limited availability of professionally educated and trained parent educators. Yet, there is a clear and legitimate expectation for child welfare agencies to move toward providing a more evidence-based array of parenting interventions.

Furthermore, although there is no shortage of parenting programs available to those serving the child welfare population and most contain many of the same components, they can also vary in significant ways. Theoretically, some rely heavily on behavior modification principles (Chaffin, et al, 2004; Webster-Stratton, 2000). Others, supported by attachment theory, have a stronger focus on developing a positive parent-child relationship in which a child's needs are accurately perceived and sensitively responded to by the caregiver (Bavolek, 2005, Marvin, Cooper, Hoffman, & Powell, 2002; Suchman, Pajulo, DeCoste, & Mayes, 2006). Often, programs have been designed for a particular target population and have a specific goal or purpose, a model not always aligned with the needs of child welfare families (Hurlburt et al, 2005). Programs often vary in content, intensity, duration, and teaching method and have different levels of evidence to support their effectiveness (Hodnett, 2000). While some programs clearly demonstrate effectiveness at changing certain behaviors within certain populations, others continue to be used with little to no evidence of effectiveness (Barth et al, 2005; Chaffin & Friedrich, 2004).

Research

The research literature concerning parenting interventions involving parents in the child welfare system is beginning to grow (Barth et al., 2005; Chaffin & Friedrich, 2004; Johnson et al., 2006). Overall, however, the quantity and quality of the research still leaves much to be desired, as findings specific to the child welfare population continue to lag behind other fields

such as mental health (Barth et al., 2005; Chaffin & Friedrich, 2004; Chaffin et al., 2004).

Clearly, the research is insufficient given the seriousness of the issue and the stakes at hand.

Unlike the fields of mental health and juvenile justice, child welfare has not generally identified or recommended evidence-based approaches for serving its target population to any great degree. The parenting programs with the strongest evidence of effectiveness have most commonly been studied in clinical settings primarily focused on behavior disordered children (Barth et al., 2005). Family treatment models such as *MultiSystemic Therapy* (Henggeler et al., 1998), parent training and coaching models such as *Parent-Child Interaction Therapy* (Eyberg & Robinson, 1982), *The Incredible Years* (Webster-Stratton, 2000), and *Parent Management Training* (Patterson, Reid, & Eddy, 2002) are primarily focused on preventing, reducing and treating serious behavior problems in children. They have been touted as having the most promise for use in child welfare based on their empirical evidence with other high risk populations (Barth et al., 2005). While behaviorally-disordered children represent a portion of the child welfare population, and these programs are a valuable resource to meet their specific needs, the majority of families (60%) involved in the child welfare system are facing allegations of parental neglect (including medical neglect), and 32% of all victims are age four and under (ACF, 2007). Clearly, there needs to be an emphasis on parenting issues in addition to, and other than, those relating to serious behavior problems in children. The parent-child relationship, specifically as it relates to nurturing, attachment, empathy, and parental insight into the needs of their child, must play a key role in improving parenting practices for this population.

In their seminal analysis of parent-training programs in child welfare, Barth and colleagues (2005) make a compelling argument for the necessity to build the evidence base of parent training programs specifically used in child welfare agency settings. Four parent training

programs *Parenting Wisely* (Gordon, 2003), *Project 12 Ways* (Lutzker & Rice, 1984), *STEP* (Adams, 2001), and *Nurturing Parenting* (Bavolek, 2002), are identified as being commonly used in child welfare and possibly efficacious, but lacking rigorous evaluation or implementation on a large enough scale within a child welfare system to withstand scrutiny.

In addition, research on parent training characteristics has begun to identify key components of effective programs including: sufficient intensity and duration relative to the severity of risk factors of the family; group and home-based sessions; inclusion of behavioural skills training; clear program goals and on-going program evaluation; (Lundahl, Nimer & Parsons, 2006; Thomlison, 2003) strengths based perspective; family-based, targeting both parents and children; and utilizing interactive teaching techniques (Colosi & Dunifon, 2003; Brown, 2005).

In the most recently published meta-analytic review of components associated with parent training program effectiveness, the authors found clear evidence that including training in positive parent-child interactions, and offering an opportunity for parents to practice skills with their own child resulted in better parenting behaviour outcomes and child externalizing behaviour outcomes (Kaminski, Valle, Filene, & Boyle, 2008). Additionally, when considered independently, teaching parents emotional communication skills had a significant, positive impact on parenting skills and behaviours, and including training in the use of time-out had significant positive results on child externalizing behaviours. This study also found that contrary to popular thinking, a larger effect size was not related to teaching parents about child development. Likewise, a smaller effect size was demonstrated when other ancillary services were included in parenting programs (Kaminski, Vallee, Filene & Boyle, 2008), suggesting that

more effective programs tend to be more clearly focused on a limited number of family service needs.

OCS' Quest for More Effective Parenting Intervention

Louisiana's child welfare system, not unlike others across the nation, has struggled with the identification and implementation of consistent, high quality parent education as an intervention for parents involved in the child welfare system. In 2000, a review of parent education programs supported by the Office of Community Services (OCS) revealed wide variation in the content, duration, intensity, format, and cost (Hodnett, 2000). Although Louisiana is a state-run system, there was no coordinated planning, monitoring, or evaluation of these programs. These findings marked the beginning of a commitment and diligent effort by OCS to work toward a more deliberate and systematic approach to implementing parent education programs with demonstrated effectiveness. In 2004, OCS began taking steps to strengthen parent education provided to families being served as a result of an allegation of abuse or neglect. The year long process involving agency staff at all levels as well as community partners began with a review of literature on effective parenting programs and practices, followed by a realistic evaluation of how the information gathered matched up to the available human and financial resources within the agency and among community-based providers. As a result, numerous policy and practice changes were made; most notably the decision to invest exclusively in the Nurturing Parenting Program (NPP, Bavolek, 2005) with a concentration on the program for parents of infants, toddlers, and pre-schoolers. These children are the most vulnerable, and improvement in the parenting skills of their caretakers was thought to offer the greatest opportunity to impact positive outcomes.

Additionally, the Nurturing Parenting Program was chosen because it was designed specifically for the child welfare population with an explicit focus on preventing and treating child abuse and neglect. The program is based on a philosophy of nurturing as a way of life and of building positive parent-child relationships with empathy at the core. While skill building is a part of the 16 week group and home based program, it comes after the foundation is set for the importance of the parent-child relationship. This program also gives due attention to the parent's own experiences as a child, which may have included maltreatment. NPP is based on social learning theory, and is designed to teach new, more effective means of discipline and guidance for children from this perspective. The program has another feature that is routinely reported as a best practice in the literature; child involvement (CWLA, 2006). The children of the parents participate concurrently in a program designed to nurture and stimulate the child's world. Parents and children are brought together for 30 to 45 minutes during each 2 ½ hour session for family nurturing time allowing parents to practice implementing skills taught in class with their own child. Another more practical reason for this choice of program was the willingness of the program author to work closely with the agency to monitor and customize the program as needed for the families, without compromising integrity to the model. In a child welfare setting it is critical that a program be flexible enough to adapt to the specific needs of the parents yet structured enough to include core elements of adequate parenting practices. Finally, this program was well suited for facilitation by the parent education providers in Louisiana who are primarily bachelor level staff.

Initial Evaluation Findings

Through the generous assistance of the Casey Family Programs, OCS conducted a program evaluation on data collected during 2006 and 2007. This study was unprecedented in

several ways. It represented the largest sample of parenting education participants exclusively referred from the child welfare agency, and contained a full scope of demographic and other caregiver characteristics which allowed for meaningful comparisons. In addition, the study was the first known evaluation of a statewide implementation of a parenting education and training program in a child welfare field setting. The process, as much as the outcome of the evaluation, reaffirmed the multiple challenges of effective service delivery in the real world of the child welfare system.

The results of the study indicated statistically significant improvement in parental attitudes toward child rearing on all constructs measured by the Adult and Adolescent Parenting Inventory 2 (AAPI-2, Bavolek & Keene, 1999). Additionally, of the parents whose children remained in their care, it was found that those who attended at least 14 sessions were 73% less likely to have a substantiated report of abuse or neglect post intervention than those who attended fewer sessions. This is consistent with previous research that found a 35% higher rate of post-investigation maltreatment for parents who received on-going services (DePanfilis & Zuravin, 1999, Fluke et al, 1999), except in situations where the parent complied with the service plan in which case repeat maltreatment was reduced by as much as 32% (DePanfilis & Zuravin, 2002).

The dataset and the initial evaluation findings beg further study and provide an opportunity for a unique and substantial contribution to the current knowledge base. The initial intervention and evaluation represents only a first step in the process toward establishing evidence for the effectiveness of the NPP on a large scale within a typical state-run child welfare system, and as such, the study has many limitations and opportunities for growth.

In addition to the absence of a control or comparison group, the most significant limitation is that a large amount of data (30%) had to be dropped because of incomplete information that was expected to be documented by the community-based providers. The project timeframe did not allow for the depth of data cleaning that would have been required to utilize all of the variables that were originally intended to be studied. Opportunities to build on the initial research findings abound and could include a study of outcomes related to programmatic, facilitation, or financial issues. The most important outcome to study, however, is arguably recidivism – the ultimate measure expected to be affected by a parent training intervention.

Purpose of This Study

This research built on the initial study of the Nurturing Parenting Program for parents of infants, toddlers and pre-school children as implemented in Louisiana’s child welfare system during calendar year 2006 - 2007 by examining the following issues:

- 1) Is child attendance with their caregiver at NPP’s “family nurturing time” associated with lower rates of post-intervention maltreatment?
- 2) Are lower scores (pre or post) on the AAPI-2 scale and sub-scales associated with post-intervention maltreatment?
- 3) Is post-intervention maltreatment predicted by safety factors identified during the initial investigation, regardless of level of participation in the NPP?

In addition, more detailed analyses focused on differences in outcomes based on participant characteristics at the time of intervention. For example, parents who receive services while their child remains in their care may have different rates of post-intervention maltreatment than those whose children are initially in foster care, and then returned home. Also, it was hypothesized that there would be certain safety factors that are more amenable to change than others through participation in the NPP. It is imperative that we learn more about factors associated with repeat maltreatment that may be susceptible to change through parent education

and training in order to focus scarce resources more appropriately and effectively for the children and families served by the child welfare system.

CHAPTER 2: LITERATURE REVIEW

Overview of Child Maltreatment

Child abuse and neglect, often more globally referred to as child maltreatment, is broadly defined by the Administration for Children and Families as “an act or failure to act by a parent, caregiver, or other person as defined under state law that results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child” (Child Welfare Information Gateway, 2008). Each state then more specifically defines the parameters constituting child abuse and neglect and the consequences for such behavior in that state.

Child maltreatment is a serious problem based on evidence that children who suffer maltreatment are at higher risk for a multitude of other problems that can have lifelong harmful effects including physical, emotional, developmental, cognitive and behavioral problems (Gaudin, 1993; Huebner, 2002; Thomlison, 2003). It is estimated that more than a billion dollars is spent on the direct and indirect costs of child abuse and neglect each year. In 2007, there were an estimated 794,000 victims, and an untold number of others who were indirectly, yet profoundly affected in a negative way.

Theoretical Basis for Understanding Child Maltreatment

Child abuse and child neglect are complex, multi-faceted problems that have occurred throughout human history. There are numerous theories regarding the causes of child maltreatment, but none individually seems to offer a sufficient body of knowledge based on scientific evidence. As described below, the best evidence suggests that explanations for why child abuse occurs should take into account complex interactions between family circumstances and environmental conditions.

The earliest theories of child abuse, primarily drawn from the medical literature, focused on the psychopathology of the abuser (Pecora, Whittaker, Maluccio, & Barth, 2002; Lutzker & Bigelow, 2002; Erickson & Egeland, 2002). This perspective is sometimes referred to as a “defect model” which presumes that a parent has deficits that cannot readily be corrected or overcome (Lutzker & Bigelow, 2002) such as severe cognitive limitations, or that a parent possesses deviant personality traits which cause them to be intentionally abusive. Although it has been noted that cognitive and learning disorders as well as certain personality disorders have been more commonly found in child abuse cases (Murphy et al., 1991), other research has indicated that only approximately 10% of child abusers meet the criteria for a psychiatric disorder diagnosis (Pecora et al., 2000).

Another theory of child maltreatment considers the personality traits or behavioral characteristics of the child as having an influence on the cause of abuse or neglect. Although the findings are mixed, child characteristics such as irritability, physical or mental disability, and low birth weight have been associated with higher rates of certain types of abuse (Kolko, 2002). In a somewhat broader perspective, researchers have studied within a cognitive and behavioral context, specific interaction patterns between the parent and child thought to increase the child’s likelihood of being abused, and have found support for what Pecora et al., (2000) refer to as parental and child “temperamental incompatibility.”

Over the years, however, research has not built support for any one theory as an all-inclusive explanation of why child maltreatment occurs; rather, the research has broadened our appreciation for the influence of multiple factors that seem to contribute to the incidence of abuse and neglect (DiPanfilis & Zuravin, 2002; Erickson & Egeland, 2002).

Sociological theories support the notion that child maltreatment occurs within the social context of the larger community and is influenced by societal values (Belsky, 1980; Pecora et al., 2009). This model focuses on socioeconomic and environmental issues that are thought to be a primary precipitating factor that leads to child maltreatment. Social isolation, unemployment, housing and living conditions, family size, and attitudes that are tolerant of violence are factors that have been associated with child abuse (Pecora, et al., 2009).

Finally, the most comprehensive theories of child maltreatment are termed ecological theories. This theoretical perspective is supported by Belsky, (1980) and Bronfenbrenner's (1979) work and focuses on the multidimensional context of child abuse and neglect. It is viewed as the combination of parental factors, child factors, and social and environmental conditions, as well as the larger societal values which all play a part in the perpetuation of child maltreatment. This theory supports the idea that child abuse is not caused by any one factor or specific group of factors, rather it results from a complex interplay of a broad range of interpersonal and situational factors. Bronfenbrenner and Belsky recognized these levels or layers of systems that are thought to all play a role in child maltreatment. Within an ecological perspective, relative risks and resources are evaluated for their contributions to maltreating behavior.

Risk Factors for Child Maltreatment

The risk factors associated with child abuse and neglect are often categorized into four broad areas; child factors, parental or caretaker factors, family factors, and environmental conditions (Fluke & Hollinshead, 2003). Most commonly, it is some combination of risk factors within these categories that lead to abusive or neglectful behavior.

Evidence suggests that child age is predictive of maltreatment risk; and the very youngest children – infants, toddlers and pre-schoolers are particularly vulnerable to the devastating effects of maltreatment. These children have the highest victimization rates, with children under age 4 accounting for nearly 32% of all victims of abuse or neglect. Very young children (< 4) represented 25.3 % of all physical abuse victims during 2007 (USDHHS, 2009). Physically, their small stature and immature development make them susceptible to severe injuries, particularly from shaking or direct blows to areas such as the head or abdomen (Hennes, Kini & Palusci, 2001).

Neglect of children under age 4 accounted for 37 % of all substantiated cases of neglect reported during 2007. Examined separately, medical neglect alone was substantiated in cases involving children under age 4 at a rate double that of all other age groups combined (USDHHS, 2009). The consequences of neglect can be severe and long lasting, and include problems with attachment and emotional regulation, impaired cognitive development, physical deformities, and life-long poor health (National Clearinghouse on Child Abuse & Neglect, 2001). Additionally, research by Egeland (1988) has indicated “cumulative malignant effects” on the development of neglected children (p.18). Nationally, children under age 4 represent more than three-fourths of all child abuse and neglect fatalities (ACF, 2007) with those under age 1 alone accounting for 44%. The majority of these children died from neglect (43%) while 31% of all child fatalities involved multiple types of maltreatment (Child Welfare Information Gateway, 2008).

In addition to age, children with disabilities, those with difficult temperaments, and children who have previously been maltreated are at higher risk (Kolko, 2002; Fluke & Hollinshead, 2003). According to Fluke, Shusterman, Hollinshead, & Yuan (2005), children

who had been victimized in a prior year were more than twice as likely to experience another incident of maltreatment compared to children without a history of victimization.

Certain parental and family factors, when combined, have been shown to produce an exponentially dangerous situation for children (Holder & Corey, 1986). Parental or caretaker substance abuse, mental health problems, and domestic violence, have long been viewed as “the big three” by child welfare professionals in terms of contributors to child abuse and neglect. Studies by Ammerman, Kolko, Kirisci, Blackson, & Dawes (1999), Besinger, Garland, Litrownik, & Landsverk (1999); and Connell-Carrick & Scannapieco (2005) have all shown that children whose caretakers are experiencing substance abuse problems are more likely to experience abuse or neglect or are at higher risk. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 40 to 80 percent of the cases of child abuse involve caretaker substance abuse (SAMSHA, 2001).

In recent years, research on the impact of domestic violence on children, both directly and indirectly, has greatly increased but the findings are somewhat mixed. Edelson (1999) found that both child maltreatment and domestic violence are present in 30% - 60% of the families where some form of family violence is occurring. In a study of child maltreatment substantiation on children age 4 and under, Connell-Carrick & Scannapieco (2005) found that the presence of domestic violence was associated with higher rates of neglect but not physical abuse. Although a number of other studies have also supported the association between domestic violence and child maltreatment (English, Marshall, Brummel, & Orme, 1999; DePanfilis & Zuravin, 1999; DiLauro, 2004), Connell et al (2007) did not find a relationship between household history of domestic violence and being re-referred to child protection services.

Parental psychological problems including mental health disorders have been linked to child maltreatment in a number of studies (Fluke & Hollinshead, 2003; Murphy, et al, 1992; Whipple & Webster-Stratton, 1991). One example is a study of 206 court cases followed for 2 years after children were returned to their parent's care and the court case was dismissed. Twenty-nine percent of the cases were returned to the court's jurisdiction due to another incident of child maltreatment, and Murphy et al (1992) found that parents with a psychotic or character disorder diagnosis were 4 times more likely to be in this group.

In addition to these caretaker factors, environmental and societal factors also may influence the risk of child abuse. The association between poverty and child neglect has been well documented in national studies by Connell et al (2007), and Sedlak & Broadhurst (1996). Lee & Goerge (1999) examined seven independent variables in a child maltreatment study of Illinois women who gave birth between 1982-88. The researchers found that even after controlling for other socio-demographic variables, maternal age and poverty were each strong predictors of a substantiated report of all types of child maltreatment and that the two factors combined compound the risk of being a victim of substantiated child maltreatment.

In summary, there is no one cause of child abuse or neglect; rather it is most often a combination of factors that predict the greatest likelihood of child maltreatment. For instance, parental substance abuse coupled with acute poverty offer little hope that a child's basic needs will be met. It is the youngest children that are the most vulnerable to abuse and neglect, and often suffer serious and long-term consequences.

Repeat Maltreatment

Repeat maltreatment by definition suggests a subsequent act of maltreatment, but the details beyond that can vary greatly. It is difficult to accurately assess repeat maltreatment

nationally because of differences in the ways in which researchers and states have defined the term. Repeat maltreatment may be measured by victim, perpetrator, or family and may be reported using differing time frames, such as while the agency is providing services as opposed to following services, as well as different periods of follow-up (DePanfilis & Zuravin, 1998; Fluke & Hollinshead, 2003). Comparisons may also be complicated due to changes in the way some states have begun to respond to reports of abuse or neglect. Cases determined to be low risk at intake can be assigned to a program known as Alternative Response which consists of an assessment and referral to community resources as needed. In these cases, there is no determination of validity, only assessment and connection to community resources, thereby potentially underreporting the actual rate of child maltreatment.

DePanfilis & Zuravin (2002) defined repeat maltreatment as “any confirmed report of physical abuse, sexual abuse, or neglect of any child in the family that occurred at least one day following the index incident report date while the family was receiving CPS intervention” (p. 191), but Lutzker & Rice (1987) use substantially different criteria, counting recurrence only post treatment. The definition used by ACF in the Child and Family Service Reviews does not follow the Lutzker definition and requires that of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the period under review, 94.6% or more children should have not had another substantiated or indicated report within six months following the first substantiated report (U.S. Department of Health and Human Services, 2005). States failing to reach this goal are required to develop a Program Improvement Plan as mandated by the Adoption and Safe Families Act (ASFA) of 1997.

Research findings from various studies of recurrence of child maltreatment have identified common features of children and families involved in multiple incidences of abuse or

neglect, which, to a large degree are the same risk factors detailed above that are associated with an initial incident of maltreatment. When studying recurrence, however, there are additional factors to consider, including when recurrence is most likely to occur and the impact of services in preventing future maltreatment.

Diane DePanfilis and Susan Zuravin are leading researchers in the area of repeat maltreatment. They have authored numerous studies on child maltreatment recurrence, most notably studies in 1999 and 2002 which focus on patterns and frequency of recurrence (1999) and more specifically, the effect of receiving on-going services from the child welfare agency on recurrence of child maltreatment (2002).

In their 1999 study, DePanfilis and Zuravin studied a sample of 497 cases of repeat maltreatment in Baltimore, to identify the period of time over a 5-year span when repeat maltreatment was most likely to occur. In all families, the victim's biological mother had either primary or shared caregiving responsibility for the child, and children resided in the family home for the majority of the study period.

Patterns of recurrence and multiple recurrences were studied using life tables, frequencies, and t-tests. Forty-three percent of the families had at least one incident of recurrence in the 5-year follow-up period. As is typically found in a breakdown by type of maltreatment, approximately 2/3 experienced neglect, 27% physical abuse and 8% sexual abuse. The greatest period of risk for repeat maltreatment occurred within the first 30 days of the initial report with a hazard rate of .0617.

Several important findings were noted. The recidivism rate during follow-up services provided by CPS was 26.5% and once the on-going services case was closed the rate dropped to

15.5%. Consistent with this pattern, parents whose cases were closed at intake were less likely to have a subsequent substantiated report.

In a non-concurrent, prospective study specifically focused on the effects of services on maltreatment recurrence, DePanfilis & Zuravin (2002) began with the same original dataset as described above and applied additional exclusionary criteria resulting in a more detailed, but smaller (n=434) dataset. These new criteria included: Children had not resided in the family home at least 3 months in the 5-year follow-up period; case was closed at intake; sexual abuse; and multiple types of maltreatment.

The authors developed a very detailed instrument for extracting relevant case variables based on ecological theory and prior research findings. Data elements included details of the initial incident, victim and perpetrator characteristics, court involvement and placement information, and most important to this study, service characteristics. Ultimately, the authors chose seven constructs as predictors: characteristics of the initial incident, child vulnerability, maternal personal problems, family conflict, family stress, survival stress and social support deficits. Additionally, the client's level of cooperation and motivation, casework services provided through CPS, and the parent's level of problem solving were used as predictors in an attempt to identify the time to recurrence during CPS intervention.

In addition to significant factors such as substance abuse and lack of social support, which have been linked to recurrence in other studies, the most significant finding was that attendance in services outlined in the case plan reduced the risk for recurrence by 32%. This is extremely important given the higher likelihood for recurrence overall for families open for on-going services (DiPanfilis & Zuravin, 1999).

Two studies that examined reentry to the child welfare system for children who had been in foster care and were subsequently reunified with their biological family are particularly relevant. Terling (1999) first examined a sample of 1,515 children reunited with their biological families following placement in foster care to identify rates of reentry (defined as subsequent substantiated maltreatment or actual return to foster care), as well as factors associated with reentry. The computer file sample, derived from cases served between January 1992 and July 1996 in Houston, Texas, was consistent with the larger CPS population in Texas. Life tables were constructed to examine reentry rates, which ranged from immediately following reunification to 42 months post-reunification. As has been found by most researchers, the greatest likelihood of reentry to the system occurred within the first 6 months (Connell et al, 2007; DePanfilis & Zuravin, 1999; Fluke, 1999). Cox regression analysis revealed three significant findings: Number of prior CPS contacts predicted reentry; abuse cases were 43% more likely to reenter early in the period observed; and Hispanics were 69% less likely to reenter as opposed to other racial groups, unless combined with an initial report of physical abuse, the combination of which made them 2.3 times more likely to reenter than other cases. Overall, within 3.5 years, 37% of the children reunified with their biological family reentered the child welfare system.

The second phase of Terling's research (1999) utilized a stratified random sampling technique to identify 59 individual case files for review in order to provide qualitative as well as quantitative results. Bivariate analysis revealed significant differences between cases that reentered and those that did not. Greater likelihood of reentry into the system was associated with substance abuse, family conflict, isolation, criminal history, previous referrals to CPS, parental competency problems, and neglect as the type of maltreatment, all of which have been

reported as salient risks for maltreatment in the child welfare literature (Fluke & Hollinshead, 2003). It is interesting to note that Terling's review of computer files linked more likely reentry to physical abuse than neglect. However, in case record reviews it was discovered that the initial classification of cases involving substance exposed newborns was coded as physical abuse, but changed upon reentry to an incident of neglect due to the mother's substance abuse. This highlights the value of actual case reviews versus a computer dataset review, especially in the child welfare system where, for a variety of reasons, the reliability of computerized data often creates a challenge for researchers.

The second study of particular relevance, by Frame, Berrick, and Brodowski (2000), examined case files of young children in California who reentered foster care following reunification. They began with a randomly selected sample of 200 infants who entered care between 1990 and 1992 and were ultimately able to track 88 of these through 1996, to examine the cases of those who reentered care within that time. Thirty-two percent of these cases reentered care within 4 to 6 years of reunification, which was consistent with the county's larger population statistics on reentry for infants.

Using court documents as the primary source of information, the researchers reviewed characteristics relating to the child, parent, family, household, worker, and services received. The strongest bivariate associations with foster care reentry were found for maternal criminal history, substance abuse, child age < 30 days at the time of initial placement in care, and placement with foster family as opposed to kin placement. Other significant associations included presence of housing problems at the time of reunification, total number of CPS reports, and receipt of post-reunification services.

In summary, research findings from various studies of recurrence of child maltreatment have identified common features of children and families involved in multiple incidences of abuse or neglect, which, by and large are the same risk factors associated with an initial incident of maltreatment (Connell et al, 2007; Marshall & English, 1999). In addition, however, researchers have found several notable features of cases specific to recurrence. Recurrence is most likely to happen soon after the first incident; recurrence is most likely to occur in cases involving neglect; and overall, recurrence is as much as 35% more likely among families receiving post investigation services, including those whose children have been removed from their home for a period of time (Fluke and Hollinshead, 2003) possibly the result of some type of surveillance effect. This may well be an artifact of the requirement of post-intervention services for the most troubled families. Two studies did note however, that for families who were compliant with their service plan, recurrence during services was lower by as much as 32% (Ferleger, Glenwick, Gaines, & Green, 1988; DePanfilis and Zuravin, 2002), indicating that parents' cooperative response to services, which very likely reflects a broader acceptance of personal responsibility, is likely to be a key element involved in maltreatment recurrence.

Parent Education and Training as a Child Welfare Intervention

Very little is known about the true effectiveness of parenting interventions as they are commonly implemented within child welfare agencies. There are very few scholarly articles published thus far detailing systematic and methodologically sound studies on parent education in the child welfare system, and even fewer rigorous studies exclusively involving participants who are active clients with substantiated allegations of child maltreatment. Much of the research thus far regarding the empirical evidence of effectiveness of parenting interventions is based on the work of professionals engaged in providing clinical mental health services; the majority of

these studies involving parents of children with conduct or other serious behavioural problems (Barth, et al, 2005; Chaffin & Friedrich, 2004; Morrison Dore & Lee, 1999).

Although the use of parenting interventions is documented as far back as the early 1800's (Sherrets, Authier & Tramontana, 1980), research published on their effectiveness for abusive and neglectful families was not located prior to 1981 (Wolfe, Sandler & Kaufman, 1981). A decade later, Azar (1989) reported very few effectiveness studies for this target population and those that did exist were primarily single case design and very narrowly focused. Yet another decade later, Morrison, Dore & Lee (1999) reported "a dearth of well-designed outcome studies" in the child welfare literature (p. 314). Since that time, the research around parenting interventions has begun to grow, albeit slowly and, all too often, without significant methodological rigor.

A meta-analysis of parent education programs to prevent child abuse conducted by Lundahl, Nimer & Parsons (2006) reviewed 23 relevant studies, however fewer than half (8) utilized a sample of identified abusers, and several of those 8 studies used the same sample. In a systematic review by Johnson et al. (2006), using similar, but expanded criteria, 70 studies were reviewed, yet only one-third actually monitored maltreatment recurrence. Of all of the programs reviewed, only three programs have been widely discussed in the literature regarding parenting programs designed for parents of young children involved in the child welfare system: The Nurturing Parenting Program (Bavolek, 2002), Project 12 Ways/SafeCare (Lutzker & Bigelow, 2002) and Triple P (Sanders, Cann, & Markie-Dadds, 2003).

In a systematic review of parent training programs discussed for use with the child welfare population, Barth, et al. (2005) developed a four-level rating system based on an integration of criteria established by Chambless and Hollon (1998) and the Cochran

Collaborative (Clark & Oxman, 2003). The Nurturing Parenting Program and Project 12 Ways were each rated as having a second-level of demonstrated program effectiveness because studies were limited to quasi-experimental or single subject designs with the target child welfare population. Although evaluations of these programs use standardized measures such as the AAPI-2 (Bavolek, 2002) for the Nurturing Program and the Eyberg Child Behavior Inventory (Eyberg & Pincus, 1999) for Project 12 Ways, the methodology of the studies did not warrant a Level 1 rating due to a lack of clinical trials that included maltreated children with evidence of effectiveness.

Similarly, of the 10 parenting programs rated by the California Evidence-Based Clearinghouse for Child Welfare, only two were rated at the highest level for relevance to child welfare, Nurturing Parenting and SafeCare, but they were both only rated at a Level 3 “Promising” on evidence of effectiveness. Triple P was rated Level 1, the highest, for scientific evidence as well as Level 1 for relevance to child welfare; however, of the eight studies referenced in support of the rating, not one study evaluated the intervention implemented in a child welfare setting with a pure child welfare population of parents with substantiated allegations of child abuse or neglect. This example provides further evidence of the overall lack of research-based knowledge about parent education in actual child welfare field settings.

Nevertheless, there is some degree of evidence to suggest that parent education and training programs can be an effective intervention for parents in the child welfare system to prevent further maltreatment of their children (Barth et al, 2005; Chaffin & Friedrich, 2004; Morrison-Dore & Lee, 2005; Connell-Carrick & Scannapieco, 2005). Four programs that were implemented with a child welfare population are reviewed in the following sections: that of Wolfe, Sandler and Kaufman; Project 12 Ways/SafeCare; Parent Child Interaction Therapy; and

Nurturing Parenting Program. Some evidence has been provided for each of these attesting to their efficacy for child welfare-involved families.

A Competency Based Parent Training Program for Child Abusers

The earliest published study detailing a parenting intervention with a child welfare population was done by Wolfe, Sandler, & Kaufman (1981). The study involved 16 families (at least one parent and one child) referred by the child welfare agency following substantiation of physical abuse. The first 8 families were assigned to the treatment group and the second 8 families (control group) were placed on a waitlist but received the normal case management services of their worker.

The families were primarily low income, Caucasian women who were ordered to participate in parenting services. The children ranged in age from 2 – 10 years with a mean age of 4 ½ years. Chi-square testing revealed no significant differences between the treatment and control groups on any demographic variables.

Families were referred by their caseworker by means of an Agency Referral Questionnaire which was developed to identify treatment priorities for the family and to capture the worker's perception of the severity of the family's needs on a 7-point rating scale. During an initial interview following the agency referral, the Eyberg Child Behavior Inventory (ECBI), (an instrument with established validity and reliability for assessing parental perceptions of child behaviour problems), was administered to the target parent in all families. One week after the initial interview, raters trained to complete the Parent Child Interaction Form (a criterion based observational measure of parents' appropriate use of antecedents and consequences as they interacted with their children) visited the home and completed the form. Reliability testing was done with all raters until 80% reliability was obtained.

The intervention is based on several theoretical models including social learning theory, behaviour theory, and developmental theory. The group met one night per week for 2 hours, with an 82% average attendance. Group sessions covered three topics: human development, problem solving and modelling of appropriate child management, and impulse control. The individual home component was also held on a weekly basis and its purpose was to help the parent implement new child behaviour techniques. These sessions were conducted by a clinical psychology graduate student.

Post-tests were conducted following the 8 week intervention or control period by administering the same 3 instruments. Additionally, 5 families who could be located at a 10 week follow-up were assessed using the ECBI and recidivism data were gathered at 1 year post treatment through the child welfare agency.

Four dependent variables were studied: percent of appropriate child management skills demonstrated by the parent in the home; parental report of the number of child behaviour problems and their summed frequency; and caseworker rating of the family's needs. Multivariate analysis of covariance showed a significant overall treatment effect $F(4,7) = 16.13, p < .001$. Secondly, a step-down analysis was done by entering variables by order of theoretical importance which showed that the treatment effect was due primarily to parents learning child management skills. T-tests were used to measure pre and post test mean scores at 10 week follow-up which showed that the parents had maintained improvement in child management skills. Finally, at one year follow-up, none of the treatment families had a report of child abuse or neglect (although one had moved out of state and could not be followed) and all eight families' cases were closed. In contrast, of the 8 control families, one instance of re-abuse was reported in the control group 6 months after the family declined treatment. Six of the families in

the control group did complete treatment and their cases were closed; the other family that declined treatment still had an open case at one year follow-up.

The strengths of this study lie in the careful attention to detail, and in clearly documenting all information. The study also used a valid and reliable instrument in the Eyberg Child Behavior Inventory and obtained high inter-rater reliability scores for coding the PCIF. Finally, multiple measures, direct observations, and multiple sources provide a strong study.

The first limitation of the study is that random assignment was not made, so causality cannot be inferred, and families could have differed in some systematic way. Second, the sample size was very small (n=8) which limits the meaningfulness of the findings. Although none of the 8 families receiving the treatment first had an incident of repeat maltreatment 1 year post treatment, only one person from the control group had one incident. Further weakening the meaningfulness of these results is the fact that validating child abuse can be a subjective decision. One option for strengthening the study would obviously be to have a larger sample size and random assignment; however that is the routine problem of field research in child welfare. Another option for strengthening might be to have more than one person review any reports made to the child welfare agency on any of the families during the follow up period to reduce the subjectivity of the decisions made regarding investigations and validations. Given the combined group and home-based services, it is difficult to know which individually or in combination was responsible for the observed changes. Future studies could examine comparative conditions that receive only one or the other.

Project 12 Ways/SafeCare

SafeCare as it is now generally known is an adaptation of the original Project 12 Ways, an ecobehavioral model of parent education designed in 1979 as part of a contract with the

Illinois Department of Social Services as an in-home treatment for active clients to prevent repeat maltreatment. The original version of the program had 12 services but in an effort to deliver a more succinct service to clients served by a wellness clinic in California, a systematic replication was created as SafeCare. The SafeCare model has 3 components: bonding, health care, and safety, and is designed for families with children ages 0-5 years.

Gershater-Molko, Lutzker, and Wesch (2002, 2003) evaluated SafeCare over a 4 year period with families at risk for or actively involved in the child welfare system. Results demonstrated statistically significant improvement in all three targeted areas of parent-child interaction, child health care, and home safety for 41 participants (out of 266 referred for services, the remainder having failed to complete all 3 intervention modules).

The 41 families who completed the three modules were compared to families who received Family Preservation Services rather than the SafeCare intervention. The results showed statistically significant lower rates of repeat maltreatment for the SafeCare participants than for those who participated in Family Preservation Services. Limitations of this study included non-equivalent comparison groups, high rate of attrition, lack of demographic information on participants, questionable accuracy of some data, and subjective outcome measures.

Parent-Child Interaction Therapy (PCIT)

Only one published experimental design study of a parenting intervention in a child welfare agency could be located. Chaffin et al (2004) utilized random assignment to study the efficacy of Parent-Child Interaction Therapy (PCIT) in preventing re-abuse among a group of physically abusive parents. The study involved 110 families randomly assigned to one of three treatment groups: PCIT, enhanced PCIT (ECPIT) or a traditionally utilized parent education group.

All participants met the following qualifications: a newly confirmed allegation of physical abuse; at least one parent and child were available to participate in treatment; the parent had a minimum IQ of 70; the child was between 4 and 12 years; the participating parent did not have a report as a sexual abuse perpetrator; and the parent signed a voluntary informed consent. Participants were 65% female, mean age of 32, 34% married, 52% white, 40% African American, 4% Hispanic, a median of 3 children, 26% had less than a high school education while 48% had a high school or equivalent, and 27% had at least some college education. Sixty-two percent of all participants lived below the poverty line.

A baseline assessment was done which included a review of the child protection record, completion of parent self report instruments and observational coding of a structured parent-child interaction. The following instruments were used:

- 1) Demographic questionnaire which underwent pilot testing to assure it was culturally appropriate for the Hispanic and Native American population
- 2) Child Abuse Potential Inventory (Milner, 1986) a valid and reliable instrument which estimates risk for committing physical child abuse
- 3) Child Neglect Index (Trocme, 1996) which measures the severity of neglect across several dimensions as well as produces an overall score by summing the individual dimensions. This was completed by a research assistant by reviewing the record and talking with the child welfare worker.
- 4) Abuse Dimension Inventory (Chaffin, Wherry, Newlin, Crutchfield, & Dykman, 1997) was used to rate the severity of physical abuse on three dimensions: behavioural severity, duration and frequency. This instrument was reported to have a mean interrater reliability of .76 for this study.
- 5) Dyadic Parent-Child Interaction Coding System (Eyberg, Bessmer, Newcomb, Edwards, & Robinson, 1994) codes verbal behaviour, vocal behaviour, and physical behaviour during a three-part task which includes child-directed activity, parent-directed activity, and clean-up following the activity. This instrument is reported to have satisfactory interrater and test-retest reliability as well as discriminate validity between referred and non-referred children.
- 6) Behaviour Assessment System for Children (Reynolds & Kamphaus, 1992) rates

behaviour, thoughts, and emotions of children ages 4 to 18 relative to standardized age and gender-referenced norms, and it compares information from the parent, the child and when available, the child's teacher. Internal consistency ranged from the mid .70's to the low .90's.

- 7) Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961) has demonstrated validity and reliability for assessing depressive symptoms.
- 8) Diagnostic Interview Schedule (DIS) Alcohol and Drug Modules, and Antisocial Personality Disorder Module (Robbins, Helzer, Croughan, & Ratcliff, 1981)
- 9) Kaufman Brief Intelligence Test (Kaufman & Kaufman, 1990) is a screening measure of verbal and nonverbal intelligence for ages 4 to 90. This instrument measures crystallized thinking and fluid thinking, with two subscales, Vocabulary and Matrices. It is reported to have a high correlation with more comprehensive IQ tests.

PCIT is based on social learning theory and coercion theory. In this view, escalating coercive parent behaviour is reinforced by short-term child compliance which can eventually lead to abusive behaviour.

The parents who received PCIT began with a six-session motivational orientation group, followed by a 12-14 session clinic-based course of PCIT. These sessions involved live-coached parent-child dyads focusing first on child-directed interaction then on parent-directed interaction. Supervision and consultation increased adherence to session protocols. The program was followed by a four session follow-up program in order to be time compatible with the standard parenting group.

The second group was EPCIT which added services to the basic PCIT intervention. Home visits were incorporated as well as interventions such as mental health services for depression, marital and family psychotherapy, and substance abuse referrals.

The third group received standard, community based parenting group treatment which included a broad array of topics such as child development, behaviour management skills, and communication skills.

PCIT was shown to reduce rates of future maltreatment among physically abusive parents. At follow-up, 19% of the PCIT group had a re-report for physical abuse compared to 36% who participated in EPCIT and 49% who participated in the standard parenting group. As expected, outcomes for child neglect were not improved by PCIT. The addition of ancillary services in EPCIT not only did not improve rates of future maltreatment but repeat maltreatment was actually higher in this group than the PCIT group, possibly suggesting that the focus on other issues actually detracted from the parent's attention to the primary program focus.

Overall, this was a very strong study. The detail provided would allow replication and made analysis clear and meaningful. As might be expected in a randomized efficacy study, nearly every threat to internal validity was controlled for. Multiple measures were gathered using valid and reliable measures. Inter-rater reliability was high. One limitation to this study is that as an efficacy study, it was conducted under nearly ideal conditions in terms of the variables that could be controlled by the treatment team. Application within a typical child welfare setting of such a comprehensive and highly skilled model would be difficult to achieve. It's very high quality, unfortunately, undermines its external validity. With respect to the comparison condition, it cannot be assumed that the community-based setting offered anywhere near the same level of facilitator competence as found in PCIT. And finally, the rate of repeat maltreatment among the PCIT treatment group may be better than the standard parenting group, but a repeat maltreatment rate of 19% in spite of the effort that went into assuring the highest quality of treatment is notably high. This rate does reflect, however, a follow-up length of time

that was much longer than most other studies. It is not clear exactly what the reoccurrence rates were at shorter intervals.

The Nurturing Parenting Program

The Nurturing Parenting Programs (NPP) (Bavolek, 2002) are primarily based on social learning theory, which supports the widely accepted belief that most parenting patterns are learned during childhood and replicated later in life as the child becomes a parent. In developing a program to assess, treat, and prevent abusive parenting practices, Bavolek and colleagues conducted a literature review to distinguish specific patterns or constructs of abusive and neglectful parenting. The constructs identified center around parental expectations of the child, empathy toward children's needs, use of corporal punishment as a means of discipline, parent-child role responsibilities, and children's power and independence. In addition, the NPP incorporates many characteristics associated with positive program outcomes, including teaching emotional communication, behavioral skills training, and involving both parents and children so parents can practice skills learned with their own child.

Based on the theoretical framework and primary focus on reducing abusive or neglectful behavior, the California Evidence Based Clearinghouse for Child Welfare rates the Nurturing Parenting Program as a Level 1 (highest level) for relevance to child welfare. However, the lack of randomized control studies resulted in a scientific rating of Level 3, a Promising Practice, although NPP research has employed quasi-experimental designs.

Numerous programs fall within the umbrella of the NPP, many designed for specific cultural groups or otherwise unique populations. The programs are customized in a variety of ways, including matching the recommended intensity and duration based on family risk factors and the age of the child. The specific program for parents of infants, toddlers, and pre-school

children focuses on parental self awareness and empowerment, the development of empathy, understanding child development and the role of discipline, emotional communication, behavior skills training, the importance of nurturing routines, and making good choices for child safety (Bavolek, 1985).

The original validation study for the Nurturing Parenting Program for Infants, Toddlers and Pre-school children was conducted in 1984 – 1985. It involved 260 Head Start parents and their children ages birth to 5 years living in Wisconsin. The program was administered by Head Start staff and included 45 sessions occurring on a weekly basis, each lasting 1 ½ hours and taking place in both the center and at home.

The Adult and Adolescent Parenting Inventory (AAPI) and the Nurturing Quiz were administered pre- and post-intervention. Additional data collected from parents and staff on a weekly basis throughout the 9 month study included a process evaluation questionnaire, participation of families, and perceived effectiveness of the program. The AAPI (Bavolek, Kline, & McLaughlin, 1979) is a valid and reliable instrument designed to measure parenting beliefs and attitudes. The Nurturing Quiz is an informal criterion referenced inventory consisting of 25 multiple choice questions designed to assess a parent's knowledge of specific behavior management techniques such as time-out and ignoring. The process evaluations were completed each week following a home or center session and were designed to elicit information regarding the worth of a specific session, the combination of sessions to date, and recommendations for program improvement.

Sixty-six percent of the participants completed the program with attrition occurring for a variety of reasons. At post-test, a statistically significant and positive increase ($p < .05$) on all constructs of the AAPI was found, indicating that parents gained more positive, nurturing

attitudes and beliefs following participation. Age appropriate expectations, empathic responsiveness, and a shift toward the belief in non-violent discipline techniques increased, and the likelihood of reversing parent-child roles decreased. Similarly, scores on the Nurturing Quiz improved at a statistically significant rate ($p < .05$) indicating an increase in parenting knowledge of non-violent forms of behavior management.

The results of the parent questionnaire revealed a positive perception of the program's impact on their role as a parent and favorable perceptions of the program's impact on their child's social, emotional, and cognitive growth and development. Furthermore, 97% of the parents who completed the program indicated they would recommend this program to other parents (Bavolek, 1985)

Despite these positive results, there are limitations to this study. The lack of random assignment to a control group prohibits conclusively attributing the noted changes to participation in the program. Also, the extent to which the findings can be generalized to other persons, settings, treatments and outcomes must be considered (Shadish, Cook, & Campbell, 2002). Results of the program may not hold true for families who are not involved in Head Start or other similarly structured setting or those who have significantly different characteristics than these participants.

Various models of the NPP have been used alone, or as part of a more comprehensive intervention with a range of high risk populations, including child welfare clients, in numerous published and unpublished studies; however, none apply the methodological rigor required to imply causality.

Two evaluations of the NPP implemented on a small scale in child welfare agencies (Licking County, Ohio; Fresno County, CA) have been shared with the program's author, but

have not been published in peer-reviewed journals. In the Ohio study (Primer, 1991) 48 adults identified by the department as physically abusive or neglectful participated in the 15-week program. Post-test results on the AAPI indicated that between 75% and 93% of participants showed statistically significant positive change on AAPI constructs. Furthermore, 21 participants agreed to take part in a one year follow-up using the AAPI. Of these participants, 68% to 76% continued to show positive gains from pre-test scores. Primer (1991) reported that the majority of participants who chose not to participate in the follow-up study stated that the department had successfully closed their case and they did not want further involvement with the child welfare agency. This may imply long-term positive improvement in these parents also since there had been no further agency involvement.

In a study by Wagner (2001) of the NPP in Fresno County, California, the recidivism pattern of 104 NPP graduates was compared to 95 non-graduates. All parents participating had active child protection cases and unsupervised access to at least one child. The results demonstrated lower rates of recidivism (substantiated, unsubstantiated, and inconclusive; only excluding unfounded) among program completers (23%) as opposed to non-completers (43%) and when considering only substantiated cases, the rates were 9% and 23% respectively. Furthermore, survival analysis reflected a longer period of time before repeat maltreatment occurred for the graduates as opposed to the non-graduates.

Additionally, in a large study (Bavolek & Weikert, 2004) involving a pure child welfare population, the Florida Department of Children and Families mandated that all agencies receiving state funds to provide parent education to abusive, neglectful, or high-risk families referred to the department, must administer the AAPI-2 pre- and post- intervention. Although the Department did not mandate which parenting program agencies used, 22 agencies

implemented the NPP (8 used Birth to 5; 14 used 5 to 12 years), 66 agencies did not use a specific curriculum, and 28 used established programs other than NPP.

Results of AAPI-2 pre-post tests ($n = 11,061$) are reported for three groups; non-NPP, NPP Birth to 5, and NPP 5-12. Parents attending either NPP had significantly higher posttest mean scores than those attending a non-NPP. Furthermore, although all three groups had some posttest mean scores in the high risk range (standardized scores of 1, 2, or 3); the percentage of scores from the non-NPP participants in this group was consistently higher than those attending the NPP.

Published evaluations of NPP all involve parents determined to be at high risk for abuse or neglect. In one pilot study of pregnant and parenting adolescents, a group often cited as being at risk for abusive and neglectful behavior, Thomas & Looney (2004) found that using a modified version of the NPP (from 20 to 12 weeks), followed by a second phase of educational sessions focused on health, infant massage, and CPR, led to significant improvement in parenting attitudes and beliefs as measured by the AAPI-2. The sample consisted of 41 adolescents in residential treatment or a rural alternative school. Another published study (Cowen, 2001), funded by the Iowa Department of Human Services, involved a convenience sample of 154 families from 15 Child Maltreatment Prevention Councils. Participants included parents who were self-referred as well as those who were court ordered to participate. The program evaluated by Cowen (2001) consisted of 15, 2 ½ hour group sessions, or 45, 1 ½ hour in-home sessions. The results indicated statistically significant improvement on all constructs of the AAPI from pre to posttest.

Evaluation of NPP in Louisiana

In partnership with Casey Family Programs, Louisiana's child welfare agency, the Office of Community Services (OCS), evaluated the Nurturing Parenting Program (NPP) (Bavolek, 2005) as implemented on a state-wide basis in 2006 and 2007. The study added to the evidence base of parent training in child welfare by examining a large, state-wide sample, comprised exclusively of participants involved in the child welfare system following an allegation of abuse or neglect of one or more children in their care.

Specifically, the study examined the effectiveness of the NPP, a 16-week group and home-based program that targets parents and other caregivers of infants, toddlers and pre-school children involved in the child welfare system by addressing the following questions: (a) What is the effect of NPP participation on parental attitudes in a child welfare population, and how is this associated with characteristics of parents and families and their level of program participation? and (b) What is the effect of NPP participation on the incidence of maltreatment in a child welfare population, and how is this associated with characteristics of parents and families and level of program participation?

Program Implementation

OCS contracts with 10 community based, social service providers across the state to operate Family Resource Centers (FRC) through which parenting services are offered. Extensive training and technical support was provided to FRC staff, who are primarily bachelor-level professionals, on the NPP prior to implementation in 2006.

Study Sample

The complete sample included 564 participants referred by OCS to the FRC for parent education and training related to their infant, toddler or pre-school child because of a child

maltreatment allegation. Seventy-five percent of the participants were female; 58% were white. The majority of participants were single parents with an average of 2.5 children, had less than a high school education and lived in poverty. Just over half of the participants (54%) who responded to the question regarding their own abuse or neglect as a child, confirmed that they had been abused or neglected.

From the complete sample, participants who did not complete both the pre and post AAPI-2 were excluded, resulting in a sample size of 262 to address question (a) above regarding change in parental attitude from pre to post intervention. Different exclusionary criteria were applied to address question (b) regarding repeat maltreatment. In order to examine this variable, all participants who were open in the program called Services to Parents (SP) were excluded from the complete data set because this program serves parents who have at least one child in foster care, thus limiting the possibility of having a repeat incident of maltreatment. Data were not available at the time of the study to determine if any other children remained in the parent's care, as is often the case. Therefore, to study the question of post-intervention maltreatment, only those known to have children in their care were included. This reduced the sample to 181.

Analysis and Findings

Bivariate and multivariate statistical procedures were used to analyze the data. T-tests were conducted to determine pre to post differences on the AAPI-2 and chi-square tests were used for each subscale of the AAPI to assess significant differences in risk category before and after the intervention.

Results demonstrate significant and positive improvements in all five Adult and Adolescent Parenting Inventory-2 subscales: (a) Inappropriate Parental Expectations, (b) Parental Lack of an Empathic Awareness of Children's Needs, (c) Strong Belief in the Use and Value of

Corporal Punishment, (d) Parent-Child Role Reversal, and (e) Oppressing Children's Power and Independence. Furthermore, for all subscales of the AAPI-2 there was substantial movement from the high risk category prior to participation to the low/medium risk category following participation in NPP.

In terms of the participation variables, the extent of child participation only had a significant relationship with gains in parental attitudes for subscale B—empathic awareness of children's needs. And, attending 14 or more sessions (high dosage) was statistically associated with improved scores on Subscale D—parent child role reversal. We tested different thresholds in our models for participation and none of them had a significant effect on any other subscales. In other words, for three of five of the AAPI-2 subscales, it appears that the amount of participation did not impact the size of the change in attitudes among participants who completed the program.

Very few demographic characteristics of parents explained differences in attitude changes before and after the intervention. For Subscale B, being white and household income had some significant positive associations with gains. Income was also positively associated with gains on subscale E. Females were significantly more likely than males to have positive gains in attitudes about Parent Child Role Reversal (Subscale D), but were not significantly associated with gains for other subscales. Having a high school diploma was significantly and positively associated with gains in attitudes about Parent Child Role Reversal (Subscale D) and Oppressing Children's Power and Independence (Subscale E). Overall, the models developed for explaining changes in AAPI-2 scores performed well, were statistically significant, and had adjusted R^2 values of between 19% and 45%.

Ordinary Least Squares regression analysis was used to determine if there were statistically significant predictors of changes in parental attitudes. These models addressed the research question about whether or not changes in AAPI-2 scores are significantly different by parent demographics, participation levels, or other characteristics. Results indicated statistically significant improvement from pre- to post-test in parental attitudes on all five sub-scales of the AAPI-2.

Logistic regression was used to examine predictors of repeat maltreatment within the sample. For individuals who had high rates of attendance (attended at least 14 out of 16 week sessions) the odds of maltreating post participation were 73% lower than for those with lower rates of attendance (OR=0.27) suggesting that dosage does matter. Consistent with other research, prior incidents of maltreatment predicted repeat maltreatment. A one incident increase in the number of prior incidences of maltreatment resulted in a nearly 4 fold likelihood of maltreating at post participation (OR= 3.7).

In addition, those with partners (married/unmarried common law) had higher odds of maltreating after participation in NPP than those who were not married or cohabitating (OR=2.7). Odds of maltreating post participation in NPP were 5.3 times greater for individuals indicating that they did experience abuse as a child outside of their home. Repeat maltreatment among all program participants was 12%, a rate much lower than what many other similar studies have found.

Client retention, defined as completing AAPI-2 post-test or a minimum of 14 sessions, ranged from 46% to 85% across FRC providers, with an overall retention rate of nearly 70% of program participants (N=564). This rate is significantly higher than research on other similar programs implemented in child welfare systems (Gershater-Molko, Lutzker, & Wesch, 2003).

Considering the routine difficulty with client retention for those clients receiving CPS services and the 16 week duration of this program, this rate of retention is encouraging.

The findings of this evaluation provide overall support for the continued use of the NPP in a child welfare setting for parents and other caregivers of infants, toddlers and pre-school children. In addition to clearly highlighting the critical need for close oversight of the implementation process as well as programmatic outcomes, the results of this study demonstrate a high rate of client retention in the program, statistically significant improvement in parental attitudes toward childrearing, and a substantial reduction in repeat maltreatment.

Despite the expectation of consistent program implementation, timely completion of measurement instruments and accurate case documentation, and in spite of safeguards to protect against model drift, closer monitoring, oversight and consultation was needed to maintain model fidelity in the challenging day-to-day reality of the child welfare system. Chaffin & Friedrich (2004) put it well: “Disseminating and implementing EBP across networks of independent providers is a daunting prospect” (p. 1105). Often, in response to attempting to meet the overwhelming and complex needs of families with the limited human and financial capacity of the agency, program changes are made and shortcuts are taken without full understanding of the potential impact to program fidelity and subsequent effectiveness.

Practice Implications

The evaluation provides several implications for child welfare agencies to consider in planning, delivering, and monitoring parent education and training services. Arguably, attention to process and outcomes are equally important. The use of an evidence-based program in and of itself is not enough. The importance of matching the program to the target population it is designed to serve and has demonstrated effectiveness with, and assuring model fidelity in the

delivery of the program's essential components, cannot be overemphasized. In addition, it is critical to recognize of the impact of a facilitator's interpersonal skills, educational background, and buy-in surrounding accurate documentation and data collection on program success.

Research has been consistent in finding that longer term interventions are necessary to make sustained changes in individuals and families with multiple, complex issues. These are the families that make up a large portion of the child welfare system, so dedicating sufficient resources to do it right is a battle worth fighting. Particularly in the reality of under-resourced child welfare systems, it is a constant struggle to provide a high quality service and still serve the number of families agencies are expected to serve; yet when child safety and well-being are at stake, our families deserve no less.

Limitations of the Current Knowledge Base

There are numerous limitations to the current body of knowledge related to parent education and training as an intervention in the child welfare system. Most obvious is the lack of methodologically sound studies involving a pure child welfare population in a typical field setting. It is important to study families actually involved in the child welfare system because as a group, they tend to have distinct and complex combinations of characteristics not found to such a degree in any other high risk cohort. Oftentimes substance abuse, domestic violence, mental health problems, or acute poverty, is combined with an immature and self-absorbed attitude regarding their role and responsibility as a parent. Furthermore, when parenting intervention is implemented in a typical mental health setting, it is generally focused on changing the behavior of the non-compliant child, whereas in a child welfare setting there is a more global focus on the parent in order to build a foundation for more effective parenting practices. As an example, the study by Chaffin et al (2004) of Parent Child Interaction Therapy required a modification to the

bug-in-the-ear coaching intervention because the children's disobedient behavior was not a significant enough problem (Barth et al 2005).

Also, there are very few studies that examine documented repeat maltreatment. In a meta-analysis of parent training programs used to treat or prevent child abuse and neglect, Lundahl, Nimar, & Parsons (2006) only found two (Barth, Blythe, Schinke, & Schilling, 1983; Gershater-Molko, Lutzker, & Wesch, 2002) among 23 studies. In the arena of child welfare, one measure of success has to be an absence of repeat maltreatment despite all of the inherent limitations with that measure. Recent research has identified several components of parent education programs that are associated with more successful programs (Kaminski, Valle, Filene, & Boyle, 2007); however, documented repeat maltreatment was not one of the outcome measures. One component found to be associated with more effective programs is providing an opportunity for the parent to practice newly learned skills with her own child; however, this component has rarely been studied in a child welfare setting.

Another undeveloped area of study is the association between post-intervention maltreatment and known risk factors that are susceptible to change by participation in a parent education and training program. Risk factors commonly associated with repeat maltreatment that are demographic in nature such as child age, large number of children in the family, and marital status would not be expected to change due to participation in a parenting program.

Finally, there is very little methodologically strong, peer reviewed, independent research on parent training programs commonly used in child welfare. To a large degree, information regarding the effectiveness of specific programs has been generated by the program's authors making it susceptible to bias, or it has been the subject of master's or doctoral theses. Case in point, Barth et al (2005) identified four parenting programs classified as "possibly efficacious

and commonly used in child welfare” (p. 360): Parenting Wisely (Gordon, 2003), NPP (Bavolek, 2002), STEP (Adams, 2001), and Project 12 Ways (Lutzker & Rice, 1984). No peer reviewed, methodologically strong evaluation, utilizing a child welfare population could be found where the program’s developer was not listed as an author. In addition, many of the instruments used to measure program outcomes in the above mentioned programs have been developed by the program’s author. “Teaching to the test” may exaggerate the appearance of improvement in parenting knowledge, skills and attitude.

Despite the expense and difficulty of field trials, rigorous, independent research of parent training programs implemented in a child welfare setting are desperately needed to strengthen the current knowledge base.

CHAPTER 3: METHODOLOGY

Research has consistently found a higher rate of repeat maltreatment among those receiving on-going services following an investigation (DePanfilis and Zuravin, 1999; Fluke and Hollinshead, 2003). This study was designed to build on the initial evaluation of the Nurturing Parenting Program for parents of infants, toddlers and pre-school children as implemented in Louisiana's child welfare system by examining additional variables thought to be associated with post-intervention maltreatment among parents and caretakers who were referred for parenting classes as an on-going service.

Sample

The complete data sample consists of 640 parents, guardians, other caregivers, and caregiver partners who participated in the group and home-based model of the NPP through an OCS contracted Family Resource Center. Referrals for parenting classes were made by OCS case workers based on case planning with parents who have suspected or confirmed allegations of child abuse or neglect. Some of the referred parents had some or all of their children removed from their care and placed in foster care. Other referred parents received services while continuing to have custody and care of one or more of their children. All participants were enrolled in a NPP class between January 1, 2006 and December 31, 2007. Starting dates for NPP groups ranged from October 12, 2005 to December 6, 2007, and ending dates ranged from January 25, 2006 to April 15, 2008.

Sample Inclusion Criteria

The criteria used to construct the sample for each of the questions studied is described below. The sample for each question originated from the final dataset developed for the initial evaluation of the NPP as implemented in OCS during 2006 and 2007. All participants of the

VOA New Orleans site were excluded in the original evaluation as well as this study due to significant modifications to the program (i.e., open group format, varied schedule of class attendance based on age of child) which were deemed necessary as a result of conditions following Hurricane Katrina. This resulted in a dataset of 564. This dataset was updated on 9/5/2009 with OCS data (case closure dates and instances of abuse or neglect) through 8/15/2009. Participants who did not have any children in their custody or daily care at the time of the first group session or at some point in time prior to 2/15/09, which would provide at least a six month period for post-intervention maltreatment to occur, were also excluded. The availability of certain data imposed further limits on sample size for each research question.

Research Design

The research design was a secondary analysis of an existing dataset used in the initial evaluation of the Nurturing Parenting Program as implemented in Louisiana during 2006 and 2007. The initial evaluation used a pre- and post-test design to assess changes in parental attitudes before and after participation in the program. In addition, child welfare administrative data were used to assess incidences of maltreatment after the intervention. Additional variables were added to the dataset based on content analysis of administrative and case level data. For example, details regarding the post-intervention investigation, such as the presence of safety concerns, were not included in the original dataset but were added for this study.

Referral Procedures

OCS contracts with community based Family Resource Centers (FRC) to provide services to families referred by OCS following an allegation of abuse and/or neglect of their children. Each FRC serves designated parishes and all parishes in Louisiana are served by one of the FRCs. The contract between OCS and the FRCs requires that, when parenting education

and training is an identified need for parents with children birth through age 5, the NPP group and home-based model should be offered to the family unless there are specific reasons to provide a different type of intervention (i.e., severe cognitive impairment which prevents constructive participation in the group, or conflict with work or other scheduling or logistical problems).

OCS case workers make the decision to refer parents to FRCs for the NPP based on an assessment of parenting strengths and needs. Some of the referred parents have had some or all of their children removed from their care and placed in foster care. Other referred parents receive services while also continuing to have custody and care of their children.

Questions and Hypotheses

1. Is child attendance with their caregiver at NPP's "family nurturing time" associated with lower rates of post-intervention maltreatment?

It was hypothesized that when children attend the NPP in order to participate in "family nurturing time" with their parent or caretaker, the incidence of post-intervention maltreatment will be lower than when children are not available to participate. This is based on research that found parent education and training programs that offer an opportunity for the parent to practice skills learned with their own child are more successful than those who do not provide this component (Kaminski, Valle, Filene, & Boyle, 2007). Research has not yet linked fewer incidents of post-intervention maltreatment to families where children participate in parenting services in a very child-focused setting. A positive finding would reiterate for child welfare workers, the importance of planned and purposeful parent-child interaction time. There is evidence to suggest that frequent visitation is associated with higher rates of family reunification and improved child well-being (Hess & Proch, 1993). Yet, it can be painful for children and

their parents, as well as workers and foster parents, when parent-child visits are followed by separation. Anecdotal information from child welfare professionals suggest that the grief and anger experienced by children and parents can sometimes result in behaviors that reduce or even put an end to parent/child visits. Finally, there are also practical reasons to examine the impact of child attendance, such as increased costs and logistical difficulties.

Child attendance logs were used to measure the child's attendance at each group session. Post-intervention maltreatment was examined by searching the Tracking and Information Payment System (TIPS), the Office of Community Services' database by adult participant TIPS number.

2. Are lower scores (pre or post) on the AAPI-2 scale and sub-scales associated with post-intervention maltreatment?

The AAPI-2 has been established as a valid and reliable measure of parental attitude toward childrearing and purports to identify caretakers whose attitudes are similar to those known to have maltreated their child (Bavolek & Keene, 1999). It was hypothesized that those participants of the NPP that had lower scores (Sten score of 1,2 or 3) on the AAPI-2 pre-test would be more likely to have one or more incidences of post-intervention maltreatment, unless their score on the post-test had moved out of the high risk range of 1, 2, or 3. Additionally, regardless of the pre-test score, if a participant has a low score (1, 2, or 3) on the post-test, it was hypothesized that the participant would be more likely to have an incident of post-intervention maltreatment than those participants who have post-test sten scores of 4 or more.

AAPI scores used for this analysis were retrieved from the AAPI website and entered into the original dataset used for the initial evaluation of the NPP in Louisiana. Post-intervention

maltreatment was measured by searching the TIPS database for validated maltreatment by the adult participant's TIPS number.

3. Is post-intervention maltreatment predicted by safety factors identified during the initial investigation, regardless of level of participation in the NPP?

It was hypothesized that the presence of certain situations which rise to the level of safety concerns in a child protection investigation would predict post-intervention maltreatment regardless of the parent or caretaker's level of participation in the NPP. The NPP is designed to improve parenting attitude, knowledge and skills, but parental behavior may be a function of more than just attitude, knowledge and skills. Repeat maltreatment rates may be higher among families experiencing domestic violence, parental substance abuse (DePanfilis & Zuravin, 1999), and psychological problems (DePanfilis & Zuravin, 1999; Murphy et al., 1991) and these issues, often identified as safety concerns in a child protection investigation, likely require additional and more specialized intervention than the NPP or any parent education and training program would generally provide.

In addition to these three main questions, descriptive data were used to provide a more in-depth understanding of the level of complexity these cases often present. For the participants experiencing post-intervention maltreatment, details found in the computerized case record of the post-intervention maltreatment incident were reviewed and limited descriptive information is presented.

Variables and Measures

This section provides information regarding the variables used in this study. The variables are grouped into dependent variables and independent variables.

Dependent Variable: Post-intervention Maltreatment

Post-intervention maltreatment is defined as a caregiver having a valid allegation of abuse/neglect after participating in the program. This is measured by data from the Office of Community Services' Tracking and Information Payment System (TIPS – see description below) indicating whether there were valid incidences of maltreatment after program participation. The TIPS data were obtained through August 15, 2009. This dichotomous variable is indicated by a '1' if there was a post incidence of maltreatment and a '0' otherwise.

Independent Variables

Main effects independent variables are defined and described in this section. They include: child participation, AAPI-2 scores pre and post-intervention, and safety factors listed on the OCS Form 5. Although a range of demographic variables were tested for associations with the dependent variable, none were significant; therefore, only parent level of participation and FRC sites were used as control variables in each model.

Child Participation

Child participation is captured on attendance logs completed by FRC staff at each weekly group meeting. Each child participant is individually named and linked to their adult caregiver participant by means of a TIPS family number. Child participation is defined as the number of group sessions attended by the child and values can range from 0 to 16.

AAPI-2 Pre and Post-Test Scores

The NPP uses the AAPI-2 to evaluate changes in parental attitude from the beginning of the group to the end of the group. The AAPI-2 is an assessment of parenting and child rearing attitudes supported by research-based knowledge of abusive and neglectful parenting behaviors. Two versions are available for use. Typically, the 'A' version is used as the pre-test

measurement of parental attitudes and the 'B' version is used as the post-test measurement of parental attitudes. The pre-test AAPI-2 is usually administered to adult participants during the first NPP group session. The post-test AAPI-2 is usually administered by the facilitator during the last scheduled group session. The completed AAPI instruments were collected from participants by each site and entered into the AAPI website by FRC staff. The AAPI website can then be used to generate a printout of the results of one or both versions.

Stephen Bavolek, co-developer of the AAPI-2 instrument, provided an extraction file of AAPI-2 data that had been entered by the FRCs. The AAPI-2 data were supplied in the form of an EXCEL spreadsheet that contained an identification number for each participant and participant responses on all items on the AAPI-2 instruments. The spreadsheet also included raw and standardized scores for each AAPI-2 item with appropriate items reverse coded. The standardized scores range from 1 to 10 and are standardized with all other participants in the AAPI database. Each pre and post AAPI-2 response was contained in the spreadsheet as a separate record. The EXCEL file was imported to ACCESS and split into two separate tables, one containing pre test data and the other containing post test data. The two files were then joined using the respondents' unique identification numbers so that each respondent had one record containing both pre and post test data. NPP attendance records were matched with AAPI ID numbers.

Once the AAPI-2 data were modified into one record for each participant, another phase of data cleanup was initiated. Cases on the AAPI web site were checked for accuracy against paper attendance records and FRC files. All newly identified pre and post AAPI-2 data were added to the joined AAPI-2 data file.

The cleaned NPP attendance data, TIPS data, and AAPI-2 data were merged into one data table containing all variables from each primary data source. The data were reviewed following this process to verify that the merging of files maintained the integrity of the data from each source.

Safety Factors

The OCS Form 5 identifies 14 safety factors thought to be associated with child maltreatment or repeat maltreatment. This instrument was developed in conjunction with the child welfare experts from the National Resource Center on Child Protection as part of its technical assistance service to state child welfare agencies. Although this specific instrument has not undergone tests of validity or reliability, having been constructed by experts in the field, it is presumed to have face validity. Child protection investigators are expected to assess the safety of the children involved in an investigation of abuse or neglect and to use the Form 5 to document their initial findings relative to the identified factors. The Form 5 as found in OCS policy is contained in Appendix A. The factors are:

- 1) Caretaker's behavior is violent or out of control.
- 2) Caretaker describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations of child
- 3) Caretaker caused or has made a plausible threat that has or would result in serious physical harm to child
- 4) Caretaker refuses access to child, the child's whereabouts cannot be ascertained , or there is reason to believe that the family is about to flee
- 5) Caretaker is not providing supervision to protect child from potentially serious harm
- 6) Caretaker has not or is unable to meet child's immediate need for food, clothing, shelter, or medical care

- 7) Caretaker or other person having access to the home/facility, has previously harmed a child and the severity of the harm or the caretaker's prior response to the incident, suggests that the child's safety may be an immediate concern.
- 8) Child is fearful of or in danger from caretaker, other family members, or other people living in or having access to the home/facility
- 9) Child's physical living conditions are hazardous and may cause serious harm
- 10) Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern
- 11) Caretaker's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
- 12) Caretaker's physical or emotional health status seriously affects his/her ability to supervise, protect, or care for the child.
- 13) Domestic violence present in the home/facility places a child in imminent danger of moderate to severe harm.
- 14) Caretaker's explanation for the injury or harm is unconvincing and/or they deny the harm/injury.
- 15) Other

Administrative and Case Level Data

TIPS

TIPS (Tracking, Information & Payment System) is the OCS administrative data system used to track certain information about adults and children served by OCS. TIPS contains the child abuse/neglect investigation and service history on all cases opened by OCS for an investigation and/or services, and documents the outcome of all investigations, including the date, type and finding of the alleged maltreatment. In addition, TIPS tracks the provision of in-home services (FS), where the children remain in the custody and care of a parent or caregiver following an incident of abuse or neglect, and services to parents (SP) when a child is removed from the home and placed in foster care.

TIPS data are available from files stored in a data warehouse. These files are updated at least weekly and are routinely tested for accuracy and completion. These files were used to extract and export data sets to Excel which were then converted to Microsoft ACCESS for manipulation and merging with the NPP attendance record data.

ACCESS

ACCESS is the OCS administrative data system used to document all reports of child abuse or neglect, and is the system in which all investigative work and documentation of findings is recorded as of the fall of 2006.

NPP Attendance Records

NPP attendance records were used to construct variables related to group and in-home participation of adult participants, level of child participation and case closure reason for each participant. FRCs completed attendance records for each NPP group conducted during the time period of Jan. 1, 2006 – Dec. 31, 2007. The attendance records included the name and TIPS number of participants, the names of children who attended the children's group and were present for the parent-child interaction component of group sessions, names of facilitators and co-facilitators, notations indicating the dates each participant attended a group session and/or a home session, and notations regarding the disposition of each participant's program attendance (whether 'graduated' or reason for not graduating).

AAPI-2

The AAPI-2 is an assessment of parenting and child rearing attitudes that is based on research of abusive and neglectful parenting behaviors. The AAPI-2 attempts to measure parenting attitudes across five parenting constructs derived from theory, research and practice. The instrument has two versions, one for the pre-test (A) and one for the post-test (B). Each

inventory is comprised of 40 items, using a five-point Likert scale, ranging from Strongly Agree to Strongly Disagree. These items were derived from a larger pool of items that were developed from theory, research, and interviews with practitioners treating families where child abuse had occurred. Content validity was evaluated by submitting the items to professionals in different fields who were asked to rate them for clarity, assign the statement to the construct that best represents a measurement of that construct, and indicate their response to the item from Strongly Agree to Strongly Disagree. The resulting inventories were administered by 53 different agencies in 23 states. Participants in agency services included both abusive and non-abusive adult parents, teen parents, and abused and non-abused adolescents. Factor analysis confirmed five subscales with internal consistency estimates (Cronbach's *a*) for the A and B variants ranging from .83 to .98.

The raw scores are composite scores computed from individual responses on the 40-item instruments. Each of the 40 items is associated with one of five parenting constructs. Each item on the instrument is scored from 1 to 5 to indicate degree of agreement with the item. Specific item responses are reverse coded so that all items within a construct are consistently scored to represent more or less positive parenting attitudes. These responses are then summed to generate the raw score. A higher raw score is interpreted to represent a more positive parenting attitude which is also associated with a lower risk of engaging in abusive behavior. The description of each construct and corresponding raw score range is listed below in Table 1 below.

Data Analysis

The data were analyzed using univariate, bivariate, and multivariate statistical procedures. Frequency statistics, crosstabs, T-tests, chi-square, and logistic regression techniques were used as appropriate.

Table 1: Adult and Adolescent Parenting Inventory-2 Construct Information

Description of Construct	Raw Score Range	Chronbach's Alpha AAPI-2, Forms A and B
A: Inappropriate Parental expectations	7 to 35	0.89
B: Parental Lack of Empathic Awareness of Children's Needs	10 to 50	0.93
C: Strong Belief in the Use and Value of Corporal Punishment	11 to 55	0.96
D: Parent-child Role Reversal	7 to 35	0.92
E: Oppressing Children's Power and Independence	5 to 25	0.86

CHAPTER 4: RESULTS

Full Sample Characteristics

The criteria used to construct the sample for each of the questions studied are described below. All samples originated from the final dataset developed for the initial evaluation of the NPP as implemented in OCS during 2006 and 2007 (Hodnett, Faulk, Dellinger, Maher, 2009). Modifications of the samples for each of the three primary research questions were made as applicable (resulting from exclusion criteria), and are fully described within the context of each question.

The full sample includes adult participants of the Nurturing Program for Parents of Infants, Toddlers, and Pre-school children during calendar year 2006 and 2007 conducted by one of the following Family Resource Centers: Community Support, Positive Steps, ETC, Discovery, Kingsley House, Nicholls State, Family Matters, Portals/Project Celebration, VOA North Louisiana, or Extra Mile. Participation dates ranged from October 12, 2005 to April 15, 2008 (N= 564). Adult participants were referred by an OCS case worker and had either no open OCS program, a Family Service (FS) open case where services are provide to the family while children remain in the home, or a Services to Parents (SP) open case meaning at least one child is in foster care on the date of the first class attended. If the participant was opened as an SP case, the SP case must have been closed at least 183 days prior to August 15, 2009 (data cutoff date) with a closure code of NCC (no child in custody), or there was evidence that the adult had custody and care of at least one other child while open as a SP case. These criteria provided a minimum six-month window for the occurrence of post-intervention maltreatment. Fifty-six SP cases were excluded because the cases were not closed for at least 183 days prior to August 15, 2009 and there was no evidence of at least one child in the participant's care and custody for at

least 6 months while the SP case was open; 73 cases were excluded because they were closed NWP (No longer working toward permanency, indicating the child was not returned to the parent although the parent's case was closed), one case was excluded because the participant died before her child was returned to her custody, and 12 cases were excluded because the participant did not attend at least one group session (these participants had one or more home sessions only). These criteria reduced the sample size to 422. These cases make up the core sample from which the analytic samples used for each of the three research questions were constructed, as additional criteria were applied for each specific research question. Demographic information on the core sample as well as each analytic sample is summarized in Appendix C.

Descriptive Statistics

The full sample (N=422) consisted primarily of poor (68% reported income of less than \$15,000 per year), unmarried, white (69%, 59% respectively) women (75%), ranging in age from 12 – 60 years, with an average age of 27, who most often had two children; the majority of whom remained in the care and custody of their caretaker following a substantiated allegation of abuse (6%), neglect (67%), both (5%) or no substantiated allegation (22%). Post intervention maltreatment among the full sample was 16%; 22% for those who did not complete the program and 14% for those who did. Most participants (46%) started the program within three months of the opening of their OCS case, and nearly 80% had begun the program within six months. Interestingly though, there were a handful of caregivers that began parenting classes more than two years after their OCS case opened. Only half of the participants whose case closed prior to the completion of the parenting program went on to finish the program, whereas 77% of those whose case closed after the program ended completed the parenting program.

Research Question 1 (RQ1):

Is Child Attendance with Their Caregiver at NPP Classes Associated with Lower Rates of Post Intervention Maltreatment?

Sample

The NPP is designed to include children in “Family Nurturing Time” which occurs midway through the 2 ½ hour session and generally lasts for 30-45 minutes. All participants for whom information was reported regarding the participation of one or more of their children are included. Those for whom complete information was not reported were excluded. This criterion excluded 47 participants leaving a total sample size of 375.

Descriptive Statistics

Descriptive statistics were used to calculate frequencies, means and standard deviations for all variables. The sample for RQ1 is comprised of 23% males and 77% females. Participants ranged in age from 15 to 60 with the average age being 27. Thirty-three percent were open for in-home services when they started the group program, 41% had at least one child in foster care, and 26% did not have an open case with the agency at the start of their group program. Some of these participants were paramours of a parent with an open case, so although the individual may not have had their own open case, they were a household member in an open case. Others may have actually had their case closed but were referred for services due to parenting concerns noted during the child protection investigation. Sixty percent of participants were Caucasian and 35% were African American. This is representative of Louisiana’s overall population, however, within Louisiana’s foster care population African Americans are disproportionally represented, accounting for 62% of the children compared to 35% white children. Level of education and income, often correlated, are both characteristically low, with participants attaining an average of 10th grade education and \$14,000 yearly income.

The dependent variable, post-intervention maltreatment, was treated as a dichotomous variable and coded as 1 if the participant had a valid allegation of abuse or neglect after the last scheduled class of the 16-week program that the client was participating in and 0 if no valid allegations were documented through the data run date of 8/15/2009. In the analytic sample for RQ1, 83% (n=312) had no validated instances of post intervention maltreatment and 17% (N=63) had at least one instance of maltreatment after participating in one or more sessions.

The independent variable of primary interest, child attendance at Family Nurturing Time as part of the NPP, was coded in two different ways; as a categorical variable and as a continuous variable. As a continuous variable, the values ranged from 0-16. The transformation of the continuous variable to categorical with 3 levels, (no child attendance, 1-8 sessions of child attendance, and 19-16 sessions of child attendance) was done to examine non-linear effects.

Parent participation was included as a control variable because child participation was dependent on parent participation to a great degree. When children were placed in out-of-home care, they would no longer be brought to the classes if their parent dropped out of the program or if the person responsible for transporting the child to the classes was notified that the parent would not be attending a session.

The average number of sessions an adult participated in was 10 with a range of 1 to 16 and a standard deviation of 5.08. The mode was 16. Just over half of the adult participants attended at least 14 of the 16 sessions, and 75% attended at least half of the 16 week program. For those participants who had a child protection case open at the time they began the parenting intervention (N=277) the average time from case opening was 22 weeks; 20% began within 8 weeks, and 50% began within 16 weeks; but for 30% it was 6 months before they began parenting services and for 7% it was a full year before they attended the first class.

At least one child of an adult participant attended an average of 7 sessions, with a range of 0-16 and a standard deviation of 5.65 sessions. The mode was 0, indicating that for 21% of the adult participants, (N= 79) none of their children were available to participate in family nurturing time. On a positive note, 27% (N=100) of the adult participants (N=375) had at least one child with them during family nurturing time for 12 of the 16 sessions.

Bivariate Analysis

The crosstabs function was used to examine the distribution of post intervention maltreatment by level of child participation. The results indicate that the group of participants whose children did not attend any sessions (21%, N=79) accounted for 20% (N=12), of the total post maltreatment cases. The families with the highest amount of child attendance (9-16 sessions, n=166, 44.3% of the total sample) accounted for 38% (N=23) of the maltreatment cases. This is only slightly lower than the number experiencing post intervention maltreatment (43%, N=26) in families where the children attended at low levels. These groups differed by only 3 cases however, and this difference was not statistically significant.

In addition, the impact of full-child participation (16 sessions) on repeat maltreatment was examined using crosstab analyses by the type of case open on the family by the child welfare agency. Of the 375 participants, 222 were receiving in-home services while 153 received services while at least one child was in foster care. No post-intervention maltreatment occurred among families whose child had been in foster care when there was full-child participation (N=10); yet when child participation was less than 16 sessions (N=125), there were 18 incidents of post maltreatment. Among families being served in-home, there were 45 incidents of post maltreatment; 2 among families with full child participation and 43 among families with fewer than 16 sessions.

Independent sample t-tests were conducted to further analyze these differences. The results indicated that there was no significant difference in child attendance between those whose parent was validated for post intervention maltreatment and those who were not, $t(373) = .376$, $p = .707$. That is, the average number of sessions attended by at least one child of an adult participant who committed post-intervention maltreatment ($M = 6.84$, $SD = 5.39$) was not significantly different from the average number of sessions attended by children whose parent did not have any incident of post-intervention maltreatment ($M = 7.13$, $SD = 5.73$).

Multivariate Analysis

Binary Logistic Regression was used to determine whether child attendance predicted post-intervention maltreatment while controlling for parent participation and FRC site. The dependent variable was post-intervention maltreatment (0, 1). Child participation and parent participation were each entered into the equation as continuous variables. In addition, a variable was created to test the interaction of parent and child participation. Nine FRC's were also entered into the equation with Positive Steps being omitted as the reference category. The results of the logistic regression indicated that child participation did not predict post-intervention maltreatment in this sample. Several thresholds of child attendance and parent attendance were tested, but none resulted in statistically significant results.

Research Question 2 (RQ2):

Are Lower Scores (Pre or Post) on the AAPI-2 Scale and Sub-Scales Associated with Post Intervention Maltreatment? Sample

The sample for RQ2 began with the core sample ($N = 422$) of adult participants of the Nurturing Program for Parents of Infants, Toddlers, and Pre-school children as described previously. Additional criteria specific to RQ2 was that participants must have had a pre or post

AAPI-2 score. Those that did not have a pre or post AAPI-2 score (N= 58) were excluded, leaving a total sample size of 364.

Descriptive Statistics

Descriptive analysis produced frequencies, means and standard deviations. When considering the entire sample of participants studied in RQ2 (N=364), there were no notable differences in the demographic variables reported on for RQ1 and RQ2. Gender, race, age, program affiliation within OCS, education, and yearly income were nearly identical.

The dependent variable for RQ2 is post-intervention maltreatment. Similar to the findings in RQ1, 16% of the participants had at least one incident of validated child abuse or neglect following participation in at least one group parenting session, and 84% did not.

The independent variables include the five constructs measured by the AAPI-2: Subscale A, Inappropriate Parental Expectations; Subscale B, Parental Lack of Empathic Awareness of Children's Needs; Subscale C, Strong Belief in the Use and Value of Corporal Punishment; Subscale D, Parent/child Role Reversal; and Subscale E, Oppressing Children's Power and Independence. These variables were categorized and examined in multiple ways. Parent participation and provider (FRC) were again used as control variables.

Of 364 participants, 95% (N=347) completed the AAPI-2 pre-test, 67% (N=243) completed the post-test, and 62% (N=226) completed both.

Bivariate Analysis

Chi-square was used to test for differences between participants who completed the program as opposed to those who dropped out. Program completion was defined as having completed the AAPI-2 post-test or verification from the provider that the participant had completed the program even though an AAPI-2 post-test may not have been completed. When

comparing those who completed the program (N=278) to those who did not complete (N=86), several differences were noted. Most interestingly, although not significant, post intervention maltreatment among the non-completers was 22% as opposed to 14% for completers. The majority of non-completers were single (71%) with less than a high school education (59%), and were unemployed (53%). Program completers were more likely to report graduating from high school (71%), and to be employed (65%), but they were still more likely to be single (60%) than married or living with a partner. There was also a notable difference by program involvement. Among completers, 46% had at least one child in foster care, 30% were receiving in-home services, and 24% did not have an open OCS case at the time the parenting program began. In contrast, of the non-completers the largest group (43%) was receiving in-home services, 35% had at least one child in foster care, and 22% had no open program.

Paired sample t-tests were conducted on each AAPI-2 subscale to examine pre-post differences in parental attitudes. The mean post-test scores for all five constructs were significantly higher than the mean pre-test scores as seen in Table 2.

Multivariate Analysis

Binary logistic regression was used to examine whether high-risk pre or post scores on any of the AAPI-2 sub-scales predicted post-intervention maltreatment. Models were structured in three ways for testing: (1) each AAPI-2 sub-scale score (pre and post) separately since the construct measures are correlated with each other; (2) all AAPI-2 pre-test scores in the same equation; (3) all AAPI-2 post test scores in the same equation. For each of the above models, parent participation and provider (FRC) were used as control variables.

No AAPI-2 sub-scale scores either individually, or in combination, predicted post-intervention maltreatment in this sample. As was noted in the original study, and earlier in this study, provider differences were apparent, and in fact significant in each of the models tested for RQ2.

Additional analysis was done to determine if scoring in the high risk range on at least one of the five constructs measured by the AAPI-2 pre or post-test, would predict post intervention maltreatment. The results indicated that a post-test risk level in the high range (Sten score of 1, 2, or 3) was not a predictor of post-intervention maltreatment whether it was included in a model with or without pre-test scores. When only pre-test scores, however, were included in the equation with parent participation and FRC site as control variables, participants having at least one pre-test score in the high-risk range were twice as likely to be a perpetrator of post intervention maltreatment (OR= 2.01).

Research Question 3 (RQ3):

Is post-intervention maltreatment predicted by safety factors identified at the initial investigation, irrespective of NPP level of participation?

Sample

The sample used for RQ3 applied the following additional criteria to the primary dataset (N=422): only cases that began in 2007 (attendance dates ranged from January 8, 2007 to April 15, 2008) reducing the dataset to 249; and additionally only participants who were the subject of an investigation within one year prior to the first date of NPP attendance as well as participants for whom a Form 5, Safety Assessment was completed in the electronic case record. In cases with more than one investigation, the investigation immediately preceding the date of the first class session will be used. The final dataset included 125 participants.

Table 2: AAPI Subscale Descriptive Statistics and Paired t-test Results (N=226)

Variable	Type	M	SD	t
Sub-Scale A Inappropriate Parental Expectations	Pre-test	19.75	4.67	6.62***
	Post-test	21.94	4.96	
	Post-pre difference	2.19	4.97	
Sub-Scale B Parental Lack of Empathy Toward Children's Needs	Pre-test	37.13	6.57	11.29***
	Post-test	41.58	6.02	
	Post-pre difference	4.45	5.93	
Sub-Scale C Strong Belief in Use of Corporal Punishment	Pre-test	39.24	7.99	11.49***
	Post-test	44.82	7.31	
	Post-pre difference	5.57	7.30	
Sub-Scale D Parent/Child Role Reversal	Pre-test	23.88	5.59	3.53***
	Post-test	24.99	5.33	
	Post-pre difference	1.11	4.73	
Sub-Scale E Oppressing Children's Power & Independence	Pre-test	19.80	2.93	3.37***
	Post-test	20.54	2.75	
	Post-pre difference	.75	3.34	

*** Statistically significant at the .001 level.

Descriptive Statistics

This analytic sample included 27 male and 98 female participants; 57% Caucasian and 38% African American, ranging in age from 17 to 53 (M=27). Fewer than half (42%) of the participants finished high school, 62% reported annual income below \$15,000 and an additional 11% between \$15,000 and \$25,000.

In this sample, 20% had no open case at the start of the parenting program, 38% had a case open for in-home services, and 42% were receiving services while having at least one child in foster care. Similar to the full sample, the average number of group sessions attended was 10, with attendance at all 16 sessions being most common. Seventy-two percent of all participants completed the program (N=90) while 28% (N=35) did not.

As a group, 26% were categorized by the investigating worker as low risk for repeat maltreatment, 30% as moderate risk, and 44% as high risk. In the investigations meeting the review criteria, participants had an average of two safety factors identified, with a range of 0-9. Twenty-three percent of this sample had no safety factors identified, 55% had 1-3 safety factors identified and 22% had four or more identified.

In the analytic sample physical abuse was validated in 22% of the prior incidents and neglect was validated in 84% of the cases. Seventy-nine percent of the participants had one prior valid incident, 13% had two, and 8% had three.

Of the 125 participants, 23% (N=29) had one or more validated instances of child maltreatment following participating in at least one parenting class. This is notably higher than for the full sample of participants who had at least six months of unsupervised child custody (16%); however, when considering the additional criteria imposed on this sample (investigation within the preceding year and a completed safety assessment in the electronic record) a higher risk sample was in effect created, which likely accounts for the relatively higher post-maltreatment rates.

Bivariate Analysis

The crosstabs function was used to examine whether there were significant differences between the frequency with which each of the 14 safety factors were present in those with post maltreatment and those without. Chi square results indicated that only Safety Factor 3 (Caretaker has caused or threatened harm that would result serious physical injury to a child) was endorsed significantly more in those with post maltreatment, $\chi^2(1, N = 125) = 4.38, p = .03$.

Multivariate Analysis

Binary logistic regression was used to determine if any safety factors predicted post-intervention maltreatment while controlling for FRC provider differences and parent participation in the NPP. First, each safety factor was modeled separately; then factors were tested in certain combinations based on initial results and prior research.

When modeled independently, only Safety Factor 11 (caregiver substance abuse) predicted post intervention maltreatment to a statistically significant degree; indicating that participants identified as having a serious substance abuse problem prior to participating in the NPP were significantly more likely to be included in the post maltreatment group (OR=3.49). In each of the models tested, some providers (FRC) were dropped from the model because of lack of variation in the outcome among participants nested within those sites causing 16 participants to be dropped from the total dataset of 125.

Substance abuse, domestic violence and untreated mental health issues are often associated in the literature with child maltreatment. A dummy variable was created to capture participants who were identified as having any one of those factors (safety factors 11, 12, or 13) impact the safety of their child. This did not, however, prove to be a significant predictor. Numerous other combinations were tried since all safety factors are thought to have some relationship with child maltreatment; however, no combinations tested proved to be significant predictors.

In addition, participants were grouped by their level of risk (low, moderate or high) as rated by their caseworker, as well as by the cumulative number of safety factors, and analyzed in relation to repeat maltreatment. These factors, however, did not result in any significant findings.

CHAPTER 5: DISCUSSION

The purpose of this study is to build on the initial evaluation of the Nurturing Parenting Program as implemented in Louisiana's child welfare system with particular focus on predictors of substantiated abuse or neglect following program participation.

To a large degree, the findings were inconsistent with the stated research hypotheses; nevertheless, they provide valuable insight into the issue of child maltreatment. In this sample, the extent of child participation did not predict post intervention maltreatment. Individually, no constructs on the AAPI-2 which represent parenting and child rearing attitudes predicted a greater likelihood of post maltreatment for participants scoring in the high-risk range; however, the presence of an elevated score on any AAPI-2 construct at pre-test did. Substance abuse was the only one of 14 safety factors identified during the child protection investigation prior to program participation that strongly predicted post-participation maltreatment.

Child Participation as a Predictor of Future Maltreatment

It is important to study the impact of child attendance with their caregiver in the NPP on post intervention maltreatment for two main reasons. First, research with other high risk populations (i.e., behavior disordered children) suggests that providing parents an opportunity to practice skills being taught in parenting classes with their own children is associated with better outcomes; however, this had not been tested with a pure child welfare population using substantiated incidents of child abuse or neglect following program participation as the measure of improved outcome. Secondly, there is a substantial increase in costs and effort to the child welfare agency, caseworkers, providers, and parents when including children in the NPP, so it is important to understand the value added by child participation.

In this study, the level of child attendance did not predict post-intervention maltreatment. This finding was initially quite surprising. Based on theories of human behavior and social learning as well as personal knowledge and experience working in the child-welfare field, the hypothesis was that the opportunity for a parent to interact with their child in a supportive environment would be viewed positively, and therefore increase retention and program completion rates, which in turn should have had a positive effect on parenting knowledge, skills, attitudes, and ultimately, parenting practices, particularly those deemed abusive or neglectful. What became evident is that there is a multitude of factors at each step in the process, both personal and systemic, that have the potential to derail a linear progression of positive progress. While this quantitative analysis of the research question does not support the inclusion of child attendance to improve rates of post-intervention maltreatment, certain qualifications must be acknowledged and these findings must be considered in a broader context.

In the Kaminski et al. (2008) meta-analysis, the requirement of a parent to practice skills learned in the program had a large positive effect on a parent's ability to demonstrate higher levels of parenting behaviors and skills, which resulted in lower levels of child externalizing problems compared to programs that did not include this component, regardless of other program content or method of delivery. The study also found greater positive effects in these outcomes when programs included training in creating positive interactions between a parent and child.

During 2006 and 2007 the format for family nurturing time within the NPP was fairly unstructured and primarily aimed to provide a time for positive parent/child interaction and bonding as opposed to a more structured "practice" session. It could be that more emphasis needs to be put on teaching the parent how to recreate the positive parent-child interactions in their home environment and incorporate these interactions into their daily routine.

Additionally, the Kaminski et al., (2008) study did not include only high-risk samples as the NPP sample does, which could prove to be a defining factor. Certain high risk factors, particularly substance abuse, which was so prevalent in the group of NPP participants with post-intervention maltreatment, would likely outweigh a parent's ability to consistently implement improved parenting skills and behaviors.

A final qualification regarding Research Question 1 is that the dependent variable, post-intervention maltreatment, was defined as any substantiated allegation of abuse or neglect by a program participant following the last date of the program in which the participant was enrolled. No distinction was made as to the victim of the abuse or neglect; therefore, the post-maltreatment incident may have been against a child that did not participate in the program (older child or newborn) in other words, a child other than the one that was the focus of the intervention. The extent to which the intervention is effective on a specific parent-child dyad as opposed to affecting more general parenting application is not clear and should be the focus of additional research.

Despite the finding that post-intervention maltreatment was not lower among the participants whose children had greater attendance in the program; there are some notable benefits to having the child in attendance. First, even though the child may be too young to actually learn things taught in the children's program, it is an opportunity for the infant or toddler to experience a stimulating and nurturing environment. Given the history of maltreatment experienced by most of these children, every opportunity for an enriching environment would likely be a benefit. Second, as in the initial evaluation (Hodnett et al., 2009) this study found the substantial gains in pre to post-test AAPI scores on parental empathy among parents who had high levels of attendance with their child. Empathy is an attribute often considered essential to

building a strong, positive, parent-child relationship. And finally, research suggests that frequent visitation between parents and their children in foster care is a predictor of reunification, a measure often viewed as a positive outcome (Hess & Proch, 1993).

Parenting Attitude as a Predictor of Future Maltreatment

The second research question examined associations between pre and post-test scores on each construct of the AAPI-2 and post intervention maltreatment. Interestingly, no individual AAPI construct score, pre or post-test, predicted post-intervention maltreatment, but the presence of any elevated (high risk) score did predict post-intervention maltreatment. Like the initial study (Hodnett et al., 2009), this sample of participants also experienced a statistically significant positive change from pre-test scores to post-test scores on every construct (see Table 2). In addition, there was statistically significant change from high risk to low/moderate risk on all constructs.

Although parental attitude is only one aspect of risk to be considered when assessing the potential for child maltreatment by a parent or caregiver, the AAPI-2 measures multiple factors associated with childrearing approaches, thoughts and feelings. Therefore, it was important to consider whether parental attitude scores in the high risk range on at least one of the five constructs measured by the AAPI-2 would predict a greater likelihood of future maltreatment. The results indicated that participants with at least one score in the high risk range on the AAPI-2 pre-test were significantly more likely to have an incident of post intervention maltreatment. Interestingly, high risk post-test scores were not a predictor.

There are several potential explanations for these findings. First, the findings reinforce the notion that child maltreatment is a function of more than just parental attitude. As is

supported by ecological theory, child maltreatment is thought to be the result of a constellation of interpersonal and situational factors.

Consistent with the child welfare population in general, the participants in this sample were primarily referred to the NPP following allegations of neglect. The most common forms of neglect noted were dependency resulting from a parent's substance abuse or untreated mental health problems, and what is often termed poverty-related neglect such as lack of adequate shelter. It was interesting to note in case documentation, the unexplored but seemingly apparent connection between poverty-related neglect and parental depression, either alone or in combination with substance abuse. For example, in one case involving an infant and a three year old, a mother and father were both validated for inadequate shelter prior to participation in the NPP. The home was infested with roaches and fleas, the kitchen had rotting food out on the cabinets, and animal feces could be found in nearly every room. The mother had been on bed rest for several months following back surgery and the recent birth of a child, and the father reportedly worked nearly 24/7 to make ends meet. The mother and children attended 13 of 16 parenting sessions, and neither pre-test nor post-test scores on the AAPI-2 were in the high-risk range. Yet, within a year of the first incident of neglect, the parents were again validated for the very same housing conditions. It is hard to imagine that a family living under these conditions is not being affected by depression or some other behavioral health condition that parenting classes alone would not ameliorate. Even more important, parent training is not likely to address insufficient family income or poor housing.

Another somewhat similar explanation for the fact that pre-test as opposed to post-test scores high risk scores were a significant predictor is that although a participant may have learned more age appropriate expectations, or alternatives to corporal punishment, it does not

mean that the parent has also reached proficiency in implementing parenting practices consistent with these new attitudes. This may be particularly true in cases where a child has been in foster care and is returned to the parent without an ample plan for transition back into the home where a parent can gradually gain skill in more appropriate parenting practices.

Finally, one could also argue that the program “teaches to the test” so that although scores improved at post-test, no real change has taken place in the parent. To counter this possibility, however, one of the strengths of the NPP is the design of the program to include child participation as well as home visits. When implemented with fidelity to the model, these components offer an opportunity for the parent to “try out” a new way of thinking and responding to their children. In addition, competency should be demonstrated through home observations so that parents and children are in a realistic setting and faced with typical challenges.

Safety Factors as a Predictor of Future Maltreatment

The third area of study involved the examination of the relationship between safety factors identified during the most recent investigation preceding participation in the NPP, and post-intervention maltreatment. It was not surprising that substance abuse was found to be a predictor of post-intervention maltreatment, regardless of the level of parent participation in the NPP. It was surprising however, to find that parental mental health issues and domestic violence were not predictors in this sample.

Substance abuse, whether in the form of pre-natal exposure, or dependency due to an inability to provide sufficient care and supervision of one’s children, was the leading factor associated with post-intervention maltreatment in this sample. Although it is beyond the scope of this study to fully analyze the case records of the post maltreatment cases (N=29), a limited

review of the records indicated nearly all made mention of drugs and/or alcohol being involved in the incident which led to child protection intervention. Interestingly, less than 20% (N=24) of the total cases in the sample (N=125) had substance abuse indicated as a safety factor in the investigation preceding the referral to parenting. This causes one to wonder whether substance abuse was an issue in more cases, but just not identified; or was it identified, but in the worker's mind, did not rise to the level of a safety concern; or are there other factors that lead to substance abuse some time after the initial involvement with child protection services.

Any of these factors, among others, could also be responsible for the lack of significant findings of domestic violence or mental health problems as a predictor of post-intervention maltreatment. Again, from the somewhat cursory review of narrative case documentation it was not evident that either of these issues had been fully assessed. Furthermore, it was sometimes clear that despite evidence to the contrary, these items were not endorsed as safety concerns.

Limitations of Study

Limitations typical of large scale, field research in a child welfare setting must be acknowledged. The most obvious limitation of this study is the lack of random assignment to a control or treatment group which calls into question whether unknown group differences might account for the study findings. Although randomized controlled trials are considered the gold standard in research, implementing the required controls in a child welfare setting poses several challenges which must be balanced against the value of gaining scientific knowledge.

It is also possible that the parents with the highest likelihood of post-intervention maltreatment were excluded from this study because they may not have regained unsupervised care and custody of their child for a minimum of six months. This criterion was used to assure a parent had the opportunity for post-intervention maltreatment; therefore, if a child remained in

foster care or was permanently placed with someone other than the parent following the parent's participation in the NPP, the parent would have been excluded from the study.

Another overall limitation to this study is the validity and reliability of the data.

Although a long process of data checking and cleaning was described in the initial study, the use of administrative data relies on hundreds of individuals providing input into various systems with a significant potential for inaccuracies. Furthermore, the use of substantiated maltreatment as an outcome in and of itself has many limitations. The child welfare agency's policy manual provides guidance regarding the standard that should be used when determining validity of allegations; however, terms such as "substantial risk of harm" or "significant danger" are clearly subjective and evidence of this standard being applied differently was frequently noted.

Finally, despite the steps taken to assure fidelity to the model taught, there was considerable variation in implementation among the centers, and an unknown amount of variation in the teacher's style of delivery. Contracted providers were expected to implement the 16-week model as presented in training. In addition, each site was instructed to administer the AAPI-2 and Nurturing Parenting Competency Scale pre and post-intervention and to develop an individual "Family Nurturing Plan" with each participant at the start of the program. This plan is designed to customize individual parental needs above and beyond those covered in the core lessons, and should also be used to document the demonstration of parenting skills during family nurturing time or other parent-child observations. Several months into the program, as statewide data was collected, it became evident that some sites complied fully with the expectations set forth by the state agency, some failed to follow some of the expectations, seemingly because they did not understand or value the importance of model fidelity or consistent, precise data collection, and others, accustomed to having total flexibility in program design, did things the

way they wanted to with little regard for the expectations set by the state agency. For example, in one instance a provider modified the program schedule from once-a-week for 16 weeks to twice-a-week for 8 weeks. This occurred for two groups before it was discovered by the program monitor.

Conclusions, Implications, and Recommendations

Conclusions

There is an increasing emphasis on research, particularly program evaluation, throughout the child welfare system, and the wealth of administrative data now available makes it easier to accomplish this. It is evident, however, that the use of administrative data has significant limitations; and at best only tells part of the story. Furthermore, as child welfare tries to catch-up with fields such as health and mental health in researching the effectiveness of interventions specific to its target population, it is important to understand the findings in context. The field of social work, and particularly public child welfare, still has a long way to go in fully appreciating the value of structured and standardized decision making and documentation. Yet, without more structure and consistency in process and everyday practice, research is unnecessarily complicated and ultimately inconclusive.

It is also important to be clear about the intended outcome of a particular intervention. In study after study, the NPP has demonstrated statistically significant improvement in parenting attitudes from pre to post-test (Cowen, 2001; Primer, 2001; Thomas & Looney, 2004). Parental attitude is only one factor, albeit an important one, in a complex array of factors that tend to result in child maltreatment (DiPanfilis & Zuravin, 2002; Erickson & Egeland, 2002). The NPP was not designed to prevent substance abuse, improve cognitive functioning, cure depression or reduce poverty. Parenting cannot continue to be seen as a catch-all intervention, sufficient to

address these serious conditions. Without an in-depth analysis of post-intervention maltreatment, one could easily draw the wrong conclusion.

Implications

Numerous implications for improvement result from this study. Perhaps the most striking is the need to assure a structured, consistent, and comprehensive assessment of safety and risk factors that logically directs the intervention plan for the family. It is critical for caseworkers to be competent in assessing when and how participation in a parenting intervention is most likely to result in a parent gaining the knowledge and skills necessary to meet the physical and emotional needs of their child. Additionally, a structured process to assist caseworkers and contracted providers in evaluating a client's progress in treatment services is a much needed element to this work. This would provide guidance and consistency regarding when a case can be closed or when the leverage of the court may be needed.

The significant association between substance abuse and child maltreatment, regardless of a parent's participation in parenting classes, underscores why parenting cannot continue to be used as a catch all intervention, or one that is sufficient to address other personal or environmental problems. Furthermore, unless there is a better understanding of the impact of substance abuse on a caregiver's ability to effectively parent, and a greater social commitment to expanded substance abuse services, we can expect to see the perpetuation of child maltreatment and family instability.

Second, and equally important, is the emphasis that must be placed on considering multiple sources of information when assessing client progress. For example, relying on post-intervention AAPI-2 scores alone would not have accurately predicted further child maltreatment. Just as should be expected in the initial assessment phase when developing a case

plan, the assessment of client progress to determine when agency intervention is no longer needed should be a more thorough, structured process where multiple sources of information are critically analyzed as a whole. And not to be underestimated, this more stringent process must be accompanied by careful and consistent documentation to allow for more accurate data analysis.

Third, there is an obvious need to look more closely at the role of child participation in parenting interventions. Additional costs and the logistical challenges posed by including children should be carefully weighed against the perceived benefit of child participation. This finding should dictate a more in-depth study of the issue within Louisiana's child welfare system.

Finally, the consistent finding of statistically significant differences between service providers implementing the NPP justifies putting more effort into understanding the reason for these differences. Perhaps the difference would be found in providers who excel in client engagement, or we may find that providers with a certain educational background or training are more successful in preventing post-intervention maltreatment. But again, we must be cautious in interpreting these results because of the subjectivity with which abuse and neglect findings are substantiated. There is evidence that rates of substantiation vary considerably across regions in Louisiana and this would be an important element to include.

Recommendations for Future Research

This study opens the door for future research in many directions; and among them, two areas particularly stand out. The first is the need for a qualitative component, in addition to quantitative analysis, where the caregiver's experience is clearly heard through his/her own voice. It is one thing to analyze agency data, and another to involve agency staff or service

providers in the research design. But to really understand the effectiveness of recruitment and retention efforts, the applicability of program content or child involvement, as well as the factors that play into subsequent behavior, the participant's experiences must be heard. Families involved in the child welfare system are so often disempowered and feel like they are at the mercy of their caseworker. Often parents fear that any criticism of a service plan or provider would be viewed as being uncooperative or resistant to services so they go through the motions and jump through hoops that sometimes make no sense to them, all in an effort to prove their worth as a parent. A great deal could be learned by in-depth interviews conducted in a manner that the parent does not fear retaliation or negative consequences for being honest, regardless of what they disclose.

A second area of future research should focus on a more comprehensive examination of the use of substantiated maltreatment as an outcome measure. While it seems to be the ultimate measure of the success of a parenting intervention, this measure is fraught with problems. As noted earlier, it is often a subjective decision prone to worker bias. Additionally, across the country, child welfare agencies are moving toward alternative response assessments as opposed to more traditional investigations for all but the most serious cases of child maltreatment. In an alternative response approach, there is no finding of validity as the emphasis is on assessment of the family's needs and linking the family to community resources to meet those needs. Therefore, cases that may have been validated for abuse or neglect under the traditional investigation model may now only appear as a referral in the state's central registry system. This change is consistent with the premise held by Children's Research Center, in the use of their Structured Decision Making risk assessment in which referrals to the child welfare agency, not just substantiated allegations of abuse or neglect, are counted as a measure of risk of future

maltreatment. While there is a scarce amount of research on post-intervention maltreatment in general, it is important to understand more about when, how, and why child maltreatment occurs, whether that maltreatment is validated or not.

Finally, although the opportunity to advocate for more rigorous research in child welfare field settings, including the use of randomized controlled trials, should not be missed, much work must be done to ready the field for this step. Valid and reliable data are a prerequisite for a meaningful study and this alone presents a huge challenge. Research that can withstand scrutiny requires a tremendous commitment of resources; both human and financial. It seems that one of the most feasible ways to move the field forward is through the creation of a strong partnership between the state child welfare agency and one or more state supported universities. By developing a mutually meaningful research agenda, everyone benefits; the agency, the university researchers, and most of all, the children and families who are being served.

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APPENDIX A: ADULT-ADOLESCENT PARENTING INVENTORY-2

AAPI OnLine Adult-Adolescent Parenting Inventory (AAPI-2)

Test Form A
This test can only be scored online at www.aapionline.com

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Before you take the inventory, we need some important information from you.

1. Date: _____
2. First Name: _____
3. Middle Initial (optional): _____
4. Last Name: _____
5. Birthday: _____
Month Day Year
6. Gender: Female Male
7. Race: Asian Black Hispanic Native American Pacific Islander White Other
(If "Other" please specify: _____)
8. Marital Status: Divorced Married Single Unmarried Partner
9. How many children do you have: _____
10. What is your annual household income:
 - Under \$15,000
 - \$15,001 - \$25,000
 - \$25,001 - \$40,000
 - \$40,001 - \$60,000
 - Over \$60,000
11. What is the highest grade you completed in school:
 - Grade School
 - 4th Grade
 - 7th Grade
 - High School Graduate
 - 8th Grade
 - Some College
 - 9th Grade
 - College Graduate
 - 10th Grade
 - Post-Graduate or Above
12. Were you and/or your partner in the military:
 - No
 - Yes, both of us
 - Yes, only me
 - Yes, only my partner
13. As a child, did you experience any type of abuse by a person:
 - Outside your family? No Yes
 - Within your family? No Yes

(800) 688-5822 • (435) 649-5822 (outside the United States) • fdn@nurturingparenting.com
www.aapionline.com

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INSTRUCTIONS:

There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

STRONGLY AGREE – Circle **SA** if you strongly support the statement, or feel the statement is true most of all the time.

AGREE – Circle **A** if you support the statement, or feel this statement is true some of the time.

STRONGLY DISAGREE – Circle **SD** if you feel strongly against the statement, or feel the statement is not true.

DISAGREE – Circle **D** if you feel you cannot support the statement or that the statement is not true some of the time.

UNCERTAIN – Circle **U** only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer – only your opinion.
2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.
3. Circle only one response for each statement.
4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

PLEASE TURN THE PAGE AND BEGIN...

AAPI Online - Form A	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. Children need to be allowed freedom to explore their world in safety.	SA	A	D	SD	U
2. Time-out is an effective way to discipline children.	SA	A	D	SD	U
3. Children who are one-year-old should be able to stay away from things that could harm them.	SA	A	D	SD	U
4. Strong-willed children must be taught to mind their parents.	SA	A	D	SD	U
5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	D	SD	U
6. Spanking teaches children right from wrong.	SA	A	D	SD	U
7. Babies need to learn how to be considerate of the needs of their mother.	SA	A	D	SD	U
8. Strict discipline is the best way to raise children.	SA	A	D	SD	U
9. Parents who nurture themselves make better parents.	SA	A	D	SD	U
10. Children can learn good discipline without being spanked.	SA	A	D	SD	U
11. Children have a responsibility to please their parents.	SA	A	D	SD	U
12. Good children always obey their parents.	SA	A	D	SD	U
13. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
14. A good spanking never hurt anyone.	SA	A	D	SD	U
15. Parents need to push their children to do better.	SA	A	D	SD	U
16. Children should keep their feelings to themselves.	SA	A	D	SD	U
17. Children should be aware of ways to comfort their parents after a hard day's work.	SA	A	D	SD	U
18. Children learn respect through strict discipline.	SA	A	D	SD	U
19. Hitting a child out of love is different than hitting a child out of anger.	SA	A	D	SD	U
20. A good child sleeps through the night.	SA	A	D	SD	U
21. Children should be potty trained when they are ready and not before.	SA	A	D	SD	U

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AAPI Online - Form A	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
22. A certain amount of fear is necessary for children to respect their parents.	SA	A	D	SD	U
23. Spanking teaches children it's alright to hit others.	SA	A	D	SD	U
24. Children who feel secure often grow up expecting too much.	SA	A	D	SD	U
25. There is nothing worse than a strong-willed two-year-old.	SA	A	D	SD	U
26. Sometimes spanking is the only thing that will work.	SA	A	D	SD	U
27. Children who receive praise will think too much of themselves.	SA	A	D	SD	U
28. Children should do what they're told to do, when they're told to do it. It's that simple.	SA	A	D	SD	U
29. Children should be taught to obey their parents at all times.	SA	A	D	SD	U
30. Children should know what their parents need without being told.	SA	A	D	SD	U
31. Children should be responsible for the well-being of their parents.	SA	A	D	SD	U
32. It's OK to spank as a last resort.	SA	A	D	SD	U
33. Parents should be able to confide in their children.	SA	A	D	SD	U
34. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	D	SD	U
35. Children need discipline, not spanking.	SA	A	D	SD	U
36. Letting a child sleep in the parents' bed every now and then is a bad idea.	SA	A	D	SD	U
37. A good spanking lets children know parents mean business.	SA	A	D	SD	U
38. A good child will comfort both parents after they have argued.	SA	A	D	SD	U
39. "Because I said so" is the only reason parents need to give.	SA	A	D	SD	U
40. Children should be their parents' best friend.	SA	A	D	SD	U

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AAPI OnLine
Adult-Adolescent Parenting Inventory (AAPI-2)

Test Form B

This test can only be scored online at www.aapionline.com

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Before you take the inventory, we need some important information from you.

1. Date: _____
2. First Name: _____ 3. Middle Initial (optional): _____
4. Last Name: _____
5. Birthday: _____
Month Day Year
6. Gender: Female Male
7. Race: Asian Black Hispanic Native American Pacific Islander White Other
(If "Other" please specify: _____)
8. Marital Status: Divorced Married Single Unmarried Partner
9. How many children do you have: _____
10. What is your annual household income:
 - Under \$15,000
 - \$15,001 - \$25,000
 - \$25,001 - \$40,000
 - \$40,001 - \$60,000
 - Over \$60,000
11. What is the highest grade you completed in school:
 - Grade School
 - 4th Grade
 - 5th Grade
 - 6th Grade
 - 7th Grade
 - 8th Grade
 - 9th Grade
 - 10th Grade
 - High School Graduate
 - Some College
 - College Graduate
 - Post-Graduate or Above
12. Were you and/or your partner in the military:
 - No
 - Yes, both of us
 - Yes, only me
 - Yes, only my partner
13. As a child, did you experience any type of abuse by a person:
 - Outside your family? No Yes
 - Within your family? No Yes

(800) 688-5822 • (435) 649-5822 (outside the United States) • fdr@nurturingparenting.com
www.aapionline.com

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INSTRUCTIONS:

There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

STRONGLY AGREE – Circle **SA** if you strongly support the statement, or feel the statement is true most of all the time.

AGREE – Circle **A** if you support the statement, or feel this statement is true some of the time.

STRONGLY DISAGREE – Circle **SD** if you feel strongly against the statement, or feel the statement is not true.

DISAGREE – Circle **D** if you feel you cannot support the statement or that the statement is not true some of the time.

UNCERTAIN – Circle **U** only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer – only your opinion.
2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.
3. Circle only one response for each statement.
4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

PLEASE TURN THE PAGE AND BEGIN...

AAPI Online - Form B	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. Children who learn to recognize feelings in others are more successful in life.	SA	A	D	SD	U
2. Children who bite others need to be bitten to teach them what it feels like.	SA	A	D	SD	U
3. Children should be the main source of comfort for their parents.	SA	A	D	SD	U
4. You cannot teach children respect by spanking them.	SA	A	D	SD	U
5. Children should be taught to obey their parents at all times.	SA	A	D	SD	U
6. Parents should expect more from boys than girls.	SA	A	D	SD	U
7. Children who express their opinions usually make things worse.	SA	A	D	SD	U
8. If a child is old enough to defy a parent, then he or she is old enough to be spanked.	SA	A	D	SD	U
9. Older children should be responsible for the care of their younger brothers and sisters.	SA	A	D	SD	U
10. Crying is a sign of weakness in boys.	SA	A	D	SD	U
11. Parents spoil babies by picking them up when they cry.	SA	A	D	SD	U
12. If you love your children, you will spank them when they misbehave.	SA	A	D	SD	U
13. Praising children is a good way to build their self-esteem.	SA	A	D	SD	U
14. Children cry just to get attention.	SA	A	D	SD	U
15. Parents who are sensitive to their children's feelings and moods often spoil them.	SA	A	D	SD	U
16. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
17. Mild spankings can begin between 15 to 18 months.	SA	A	D	SD	U
18. Give children an inch and they'll take a mile.	SA	A	D	SD	U
19. The less children know, the better off they are.	SA	A	D	SD	U
20. Rewarding children's appropriate behavior is a good form of discipline.	SA	A	D	SD	U

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AAPI Online - Form B	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
21. Children should be considerate of their parents' needs.	SA	A	D	SD	U
22. Never hit a child.	SA	A	D	SD	U
23. Children should be seen and not heard.	SA	A	D	SD	U
24. Good children always obey their parents.	SA	A	D	SD	U
25. Children learn violence from their parents.	SA	A	D	SD	U
26. Two-year-old children make a terrible mess of everything.	SA	A	D	SD	U
27. Parents' expectations of their children should be high but appropriate.	SA	A	D	SD	U
28. The problem with kids today is that parents give them too much freedom.	SA	A	D	SD	U
29. Children who are spanked behave better than children who are not spanked.	SA	A	D	SD	U
30. Children should offer comfort when their parents are sad.	SA	A	D	SD	U
31. Children should be obedient to authority figures.	SA	A	D	SD	U
32. Children need to be potty trained as soon as they are two years old.	SA	A	D	SD	U
33. Strong-willed toddlers need to be spanked to get them to behave.	SA	A	D	SD	U
34. Children today have it too easy.	SA	A	D	SD	U
35. Children should know when their parents are tired.	SA	A	D	SD	U
36. Children who are spanked usually feel resentful towards their parents.	SA	A	D	SD	U
37. Parents' needs are more important than their children's.	SA	A	D	SD	U
38. Spanking children when they misbehave teaches them how to behave.	SA	A	D	SD	U
39. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	D	SD	U
40. Consequences are necessary for family rules to have meaning.	SA	A	D	SD	U

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APPENDIX B: SAFETY ASSESSMENT

Office of Community Services SAFETY ASSESSMENT

PROGRAM: <input type="checkbox"/> CPI INVESTIGATION <input type="checkbox"/> FAMILY SERVICES		PRIMARY CLIENT/CASE NAME: REASON FOR ASSESSMENT:	
NAMES OF ALL CARETAKERS/POTENTIAL CARETAKERS		RELATIONSHIP <input type="checkbox"/> Caretaker <input type="checkbox"/> Potential Caretaker	FAMILY OR FACILITY ID#
DATE ASSESSMENT INITIATED			
CHILD'S NAME / Age / Race / Sex			
SAFETY FACTOR			PRESENT
1. Caretaker's behavior is violent or out of control. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Caretaker describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Caretaker caused, or has made a plausible threat, that has or would result in serious physical harm to the child. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Caretaker refuses access to the child, the child's whereabouts cannot be ascertained and/or there is reason to believe that the family is about to flee. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Caretaker has not, or will not, provide sufficient supervision to protect child from potentially serious harm. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Caretaker has not, or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Caretaker or other person having access to the home/facility has previously harmed a child, and the severity of the harm, or the caretaker's prior response to the incident, suggests that the child's safety is an immediate concern. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Child is fearful of or in danger from caretaker(s), other family members, or other people in or having access to the home or facility. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Child's physical living conditions are hazardous and may cause serious harm. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Caretaker's drug or alcohol use seriously affects his or her ability to supervise, protect, or care for the child Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Caretaker's physical or emotional health status seriously affects his or her ability to supervise, protect, or care for the child. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Domestic violence present in the home/facility places a child in imminent danger of moderate to severe harm Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Caretaker's explanation for the injury or harm is unconvincing and/or they deny the injury/harm. Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Other (specify) Information supporting safety factor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
SAFETY DECISION			
<input type="checkbox"/> SAFE <input type="checkbox"/> No child is considered to be in immediate or impending danger of serious harm; or, a child would be considered safe, if placed with this caretaker.			

PRIMARY CLIENT/CASE NAME:

FAMILY/FACILITY ID:

<input type="checkbox"/>	UNSAFE	<input type="checkbox"/>	A child is in present or impending danger of substantial harm from abuse/neglect; or, would be unsafe if placed with this caretaker.
CONTROLLING INTERVENTIONS/REASONABLE EFFORTS CHECKLIST			
<input type="checkbox"/>	1. Use of family/facility resources, neighbors, or other individuals in the community as safety resources.		
<input type="checkbox"/>	2. Use of community agencies or services as safety resources.		
<input type="checkbox"/>	3. Alleged perpetrator will leave the home or facility, either voluntarily or in response to legal action.		
<input type="checkbox"/>	4. Non-maltreating caretaker will move to a safe environment with the child.		
<input type="checkbox"/>	5. Other :		
<input type="checkbox"/>	6. Legal action must be taken to place the child(ren) outside the home or facility.		
IMMEDIATE SAFETY PLAN (Specify who will do what, when, where, and what time frame for what children)			
Worker's Signature	Date	Supervisor's Signature	Date
Reviewing Worker's Signature	Date	Reviewing Supervisor's Signature	Date

APPENDIX C: ADULT PARTICIPANT DEMOGRAPHICS

Table 3 Adult Participant Demographics

Variable	Full Sample N=422	Research Question 1 N=375	Research Question 2 N=364	Research Question 3 N=125
Gender	75% Female	77% Female	76% Female	78% Female
Race	59% White 37% Black 4% Other	60% White 35% Black 5% Other	57% White 38% Black 5% Other	57% White 38% Black 5% Other
Age (Mean)	27 Years	27 Years	27 Years	27 Years
Marital Status	31% Married	30% Married	31% Married	31% Married
Income (Mean)	\$14.6	\$14.5	\$14.6	\$14.6
Education (Mean)	43% High School Graduate	42% High School Graduate	43% High School Graduate	42% High School Graduate

VITA

Rhenda Hotard Hodnett was born in 1958 to Dorothy V. Hotard and the late Sidney J. Hotard, Sr. She was raised in Reserve, Louisiana, where she graduated from Riverside Academy in 1975. Over the next 14 years, Rhenda pursued a college education on a part-time basis while working full-time and raising three children; Jarrad Poirrier, Jayme Poirrier Millet, and Bryan Hodnett. In 1989 she earned a Bachelor of Arts degree from Southeastern Louisiana University where she graduated with honors. Immediately following graduation, she was hired by the Department of Social Services (DSS), and began a much anticipated career dedicated to working with abused and neglected children and their families.

In 1999, Rhenda entered the Master of Social Work program at Louisiana State University while she continued to work as a foster care casemanager. She graduated in 2001 and was the recipient of the James A. Midgley Leadership Award.

Following graduation, Rhenda became a child welfare supervisor and after a short while she moved into the position of Program Manager in the Department's State Office. As her career progressed, she also worked in the areas of child protection investigations and in-home services. In 2005, shortly after beginning the doctoral program at Louisiana State University, Rhenda was promoted to Assistant Director of Child Welfare Programs, and in 2007 she became the Director of Prevention and Child Protection Services, a position she holds today.

Rhenda is also active in the Ascension Parish community where she lives with her husband Paul. She is the Chair of the Ascension Parish Mental Health and Addictive Disorders Advisory Board, serves on the Rape Crisis Volunteer team, and is a member of St. Mark Church parish.