



Parenting Education & Support: What the Literature Tells Us...

Parenting Partnership
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Nationwide Parenting Education and Support

- 1996: Approximately 50,000 programs¹
- 2003: 800,000 caregivers in the child welfare system received some form of parent training²

Yet...

- There is little evidence of effectiveness^{3, 4}
- Only 10% of practitioners are utilizing evidence-based family strengthening interventions, according to one report⁵

Promising Programs

- The Incredible Years
- Multi-systemic Therapy
- Oregon Social Learning Center's Parent Management Training
- Parent-Child Interaction Therapy
- Home Visitation
- Project SafeCare
- Triple-P, Positive Parenting Program



Promising Practices in Parenting Education and Support: Emerging Themes...

Promising Practices

- Programs use a theory base and framework – scientifically validated
- Theories provide the framework and principles for developing interventions that result in the outcomes we're hoping to achieve
- Developmental Theory
 - Social Learning Theory
 - Other theories
 - ◆ Educational/Learning/Instructional
 - ◆ Family systems
 - ◆ Communication studies

Implications for Practice

Base interventions and services on scientifically sound theories, for example....

Evaluate outcomes and the effectiveness of our program on an ongoing basis

Programs are developmentally appropriate and developmentally timed

- Developmental appropriateness
 - Are services/interventions appropriate for the life stage and developmental needs of child and/or parent?
- Developmental timing
 - Are services and interventions targeted to the age and developmental level and stage of the target group?

Implications for Practice

Design programs to target specific age ranges of children

Provide parents with parenting information based on ages and stages of child development and transitions in the family

Assure that goals developed with families are developmentally appropriate

Assure that interventions are developmentally appropriate

Programs are strengths-based, family-empowering and family-centered

- Strength-based
Build on family competencies
- Family-empowering
Aim to enhance competencies and self-sufficiency, and honor parent's expertise
- Family-centered
Serve the needs of both parents and children

Implications for Practice

- Involve parents in all aspects of decision-making
- Encourage parents to identify their strengths and supports
- Assist parents to set their own goals and make their own decisions
- Consider the perspective of whole family, including personal, child and family goals
- Seek to help parents feel good about their child, themselves and their family

Programs are relationship-based for both parent-child and provider-parent relationships

- Parent/Child
Effective programs focus on increasing positive parent child interactions and family relationships to support a child's earliest and most consistent learning environment

Programs are relationship-based for both parent-child and provider-parent relationships

- Provider-Parent/Child
 - ♦ Relationships between providers & caregivers critical to positive long-term outcomes - blend education, practical assistance and social support
 - ♦ Effective helping relationships are collaborative and built on trust, respect, and mutual understanding

Implications for Practice

Emphasize parent child interactions and family relationships throughout the program

Hire, train and support staff to build strong relationships with families

Understand that healthy relationships between parents and staff help parents build healthy relationships with children (parallel process)

Communicate about role expectations

Embrace collaboration

Programs use multi-component, comprehensive interventions applied flexibly and according to family needs

- Includes instruction in child development and positive discipline; specific parent training; and advice, interactive skills training and opportunities for parent child interaction
- Enables programs to address multiple domains of the caregiving environment
- Are more effective in modifying a broad range of risk and protective factors

Programs use multi-component, comprehensive interventions applied flexibly and according to family needs

- Flexibility in instruction and service delivery
 - ◆ Enables parents to participate in ways that suit individual circumstances, needs, interests and learning styles
- Teaching a variety of techniques recognizes there is no “one size fits all” approach to parenting

Implications for practice

Use multiple strategies for delivering services (i.e. home visits, support groups, parent-child interaction)

Offer multiple components (i.e. child development program, parent groups, one-on-one)

Use multi-modal strategies for instruction

Programs link families to early childhood & support networks and other community services

- Builds social support to enhance parent functioning and ultimately child development
- Connects families to other needed interventions (i.e. mental health services)
- Creates a continuum of care and fosters service integration
- Assists families in realizing goals
- Offers role models for learning
- Helps identify participant families (recruitment)

Implications for Practice

Collaborate and coordinate with other community providers so families receive needed, unduplicated and integrated services

Build social support among participants and identify other sources of support

Refer when needed services are more specialized or beyond the scope of staff expertise

Programs address risk factors, identify protective factors, respond to specific family needs

- Circumstances that theory suggests will lead to positive and/or negative outcomes are addressed
 - ♦ Focus on reducing risk factors and strengthening protective factors
- Program is based on the needs and characteristics of the population being served

Programs address risk factors, identify protective factors, respond to specific family needs

- Both child and parent/family needs are identified and addressed as they arise
- Concrete needs of the family are addressed
- As many risk factors as possible are targeted

Implications for Practice

Adapt flexibly to the unique and/or changing needs of the participants whenever possible

Individualize for each family, regardless of the service delivery techniques

Train staff to identify needs and risk factors, and how to respond to them

Train staff to identify protective factors, and how to strengthen them

Use a family assessment to assist in the identification of needs, risks, and strengths

Programs are culturally and linguistically responsive, based on an ecological model, and take community factors into account

- Cultural values, aspirations, traditions, and needs, as well as strengths and differences, are respected, addressed, and not undermined
- Diversity is valued and stereotyping is avoided
- Language needs are understood and responded to
- Ecological nature of parenting is understood
- Recruitment and retention strategy is culturally and linguistically responsive

Implications for practice

Hire and promote staff who reflect the populations that they serve

Train staff in cultural and linguistic responsiveness (competency)

Adapt programs to be culturally appropriate, while maintaining theoretical bases

Invest the resources needed to be culturally and linguistically responsive (i.e. translation, materials)

Programs utilize strategies for recruitment and retention and ensuring accessibility

- Interventions are delivered in ways that increase access to services for example:
 - ♦ Services are delivered in a wide variety of settings based on family needs
 - ♦ Services are offered on varying days and times

Programs utilize strategies for recruitment and retention and ensuring accessibility

- Retention is strengthened by using many of the other identified promising practices
- Specific attention is given to strategies for recruitment and retention
- Incentives have been shown to be more effective with fathers than mothers
 - ◆ Incentives may include food, child care, transportation

Implications for practice

Be flexible

Select type of setting, number, timing and location of sessions based on goals of the intervention and needs of participants

Be reliable and consistent with schedules

Invest resources incentives

Programs ensure that staff are well-trained, possess strong interpersonal skills, demonstrate personal efficacy, and receive ongoing, high-quality reflective supervision

- Supervision should focus on:
 - ◆ Staff skill development
 - ◆ Reflective practice
 - ◆ Ensuring fidelity to the program model

Programs ensure that staff are well-trained, possess strong interpersonal skills, demonstrate personal efficacy, and receive ongoing, high-quality reflective supervision

- Interpersonal and clinical skills include:
 - ◆ Rapport-building
 - ◆ Active listening
 - ◆ Empathy and genuineness
 - ◆ Communication
 - ◆ Ability to structure sessions and facilitate effectively
 - ◆ Cultural competence

Programs ensure that staff are well-trained, possess strong interpersonal skills, demonstrate personal efficacy, and receive ongoing, high-quality reflective supervision

- Provide training on a regular basis
- Provide opportunities for team building
- Ensure frequent, ongoing communication
- Have well-thought-out, clear and enforced staffing requirements

Implications for practice

Hire staff for their personal characteristics and content expertise

Implement training and hiring policies that reflect desired staff qualities

Set aside and dedicate time for supervision, training and meetings

Develop and implement strategies for the reduction of staff turnover and burnout

Programs are more effective with interventions of greater frequency (how often), intensity (how much) and duration (how long)

- Intensity should be based on well defined criteria of family functioning and need
- While greater frequency, duration and intensity have more significant and long-term outcomes:
 - ◆ Duration is more important than frequency
 - ◆ Intensity is more important than duration

Programs are more effective with interventions of greater frequency (how often), intensity (how much) and duration (how long)

- High-risk families
 - ◆ Increased intensity needed
 - ◇ Estimates of 25-50 hours
 - ◆ Gain little from superficial, periodic meetings
 - ◆ Engagement and retention strategies especially important
- Effectiveness has been limited by insufficient intensity

Implications for Practice

Determine the level of intervention necessary to achieve the desired change in program planning

Determine the frequency (how often?), duration (how long?) and intensity (how much?) for services

Be realistic with regard to demands of time and resources on both the program and participants

What are the top 6 practices most commonly occurring in the literature?

1. Multi-component, comprehensive interventions involving multi-modal instruction and service delivery techniques
2. Addressing and responding to known risk factors and specific family needs
3. Well-trained staff who possess strong interpersonal skills, demonstrate personal efficacy and receive ongoing high-quality, reflective supervision

What are the top 6 practices most commonly occurring in the literature?

4. Cultural and linguistic responsiveness and based on an ecological model
5. Strengths-based, family-empowering and family-centered
6. Sufficient level of intensity, frequency and duration

Footnotes

1. Carter, N. (1996). See how we grow: A report on the status of parenting education in the U.S. Philadelphia, PA: The Pew Charitable Trusts.
2. Barth, R., Landsverk, J., Chamberlain, P., Reid, J. B., Rolls, J. A., Hurlburt, M. S., Farmer, E. M. Z., James, S., McCabe, K. M., & Kohl, P. L. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice, 15*(5), 353-371
3. Barth, R. (2006). Personal communication to Malia Ramler, Community Grants Administrator, Every Child Counts, First 5 Alameda County.
4. Johnson, M.A. & Austin, M.J. (2006). *Evidence-based practice in the social services: Implications for organizational change*. Bay Area Social Services Consortium, School of Social Welfare, University of California, Berkeley, www.bascc.net.
5. Kumpfer, K.L. & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist, 58*(6/7), 457-465.

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