Using Evidence-Based Parenting Programs to Advance CDC Efforts in Child Maltreatment Prevention

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The Centers for Disease Control and Prevention (CDC) recognize child maltreatment as a serious public health problem with extensive short- and long-term health effects.[1] In addition to the immediate physical and emotional effects of maltreatment, children who have experienced abuse and neglect are at increased risk of adverse health effects and risky health behaviors in adulthood. Child maltreatment has been linked to higher rates of alcoholism, drug abuse, depression, smoking, multiple sexual partners, suicide, and chronic disease.[2] To address child maltreatment, CDC emphasizes empirical research with direct implications for prevention.

Research Activities (*Recommendations from a Meeting of Child Maltreatment Experts)*

To help CDC determine its research activities in child maltreatment prevention, experts were consulted and asked to make recommendations. The experts advised CDC to make parenting interventions a foundation piece in its portfolio of child maltreatment prevention programs. In addition to its other child maltreatment prevention activities,[1] CDC's National Center for Injury Prevention and Control is currently involved in several projects examining behavioral parent training (BPT) approaches to preventing child maltreatment. BPT first appeared in the scientific literature in the 1960s and increased in prominence in the 1970s. BPT promotes systematic, data-based positive parent-child interactions and aims to improve child management and other parenting skills. BPT has been shown to be effective in changing parents' and children's behavior and has been increasingly used in empirically-based programs for child maltreatment prevention. Recent evaluations with maltreating and at-risk families suggest that well-designed and well-implemented BPT programs result in lower child maltreatment recidivism rates than alternative programs.[3]

Developing and Evaluating a Universal Parenting Program

Experts recommended developing and evaluating a "universal" parenting program that could be introduced early in the parenting process to prevent child maltreatment. A universal program potentially benefits *all* parents through multiple levels of intervention tailored to parents who experience a range of problems with their children and have varying skills sets and needs. This differs from a "targeted" program for parents and children that addresses a single concern such as oppositional behavior. To explore the universal approach, CDC funded the University of South Carolina to implement and evaluate a population-level, five-year effectiveness trial of an existing efficacious universal parenting intervention. The University of South Carolina proposed a dissemination/effectiveness trial of the Positive Parenting Program (Triple P).[4]

Triple P was developed and evaluated in the 1980s and 1990s in Australia. Clinical trials support the program's effectiveness.[4] Triple P has five primary levels that vary in intensity: Level One, information provision; Levels Two and Three, brief consultations for parents of children with typical behavioral problems; and Levels Four and Five, 10 or more sessions to address severe child behavioral problems. Pathways Triple P, an enhanced program, provides intense services designed for at-risk families, including families who have already experienced child maltreatment.

Eighteen matched counties in South Carolina are being randomly assigned to the Triple P intervention or to a wait-list control condition. In intervention counties, Triple P will be advertised via radio and print media. A range of front line service providers (e.g., physicians, counselors, teachers) will receive validated professional training. Counties assigned to the wait-list control condition will receive the Triple P information campaign and provider training in the fourth year of the project.

Triple P will be evaluated using two primary data sources: child protective services records and hospital emergency room data. County-level data will be collected on child maltreatment activity and child injuries. Child maltreatment data will be measured using child protective services records of reports, investigations, and substantiated cases. Child injuries will be measured using hospital emergency room data. An annual telephone survey of parents will be conducted to collect information on parenting behaviors, child behaviors, and exposure to Triple P.

Examining Attrition in Parenting Programs

Traditionally, child maltreatment prevention efforts have focused on parenting interventions. The success of the intervention, however, may depend on its ability to engage and retain parents. Thirty to eighty percent of families most at risk for child maltreatment actually complete prevention programs.[5] Even when families attend programs, they do not always adopt changes or maintain their skills.[6,7] Up to 50% of families may still be at risk for child maltreatment when services end.[8] Even effective programs have limited impact if they are unable to reach, engage, and retain prospective participants.

The experts recommended a systematic examination of attrition in parenting programs. In response, CDC funded four-year cooperative agreements with Purdue University and the University of Oklahoma Health Sciences Center's Center on Child Abuse and Neglect (OUHSC/CCAN). These agreements support the development, implementation, and evaluation of services designed to enhance parental participation and retention in existing efficacious parenting programs. Each site proposed:

- Testing multifaceted conceptual models of participation,
- Manipulating strategies for enhancing parental engagement and retention, and
- Examining the impact of program participation on subsequent incidents of child maltreatment and other outcomes.

Purdue University is examining the impact of enhancements on participation and engagement in the Parenting Our Children to Excellence (PACE) program.[9] PACE is a group intervention program for parents and care-givers of preschool children. Purdue University will examine partnership (organizational involvement in recruitment and retention), cash incentives, and motivated action plans (setting clear goals and making specific plans for goal attainment). Families with socio-economic disadvantages are being recruited through preschools and day care centers. The study design allows the impact of each enhancement to be analyzed through random assignment of centers to different combinations of the enhancement conditions.

OUHSC/CCAN is comparing the effect of a group motivational enhancement approach (ME) based on principles of motivational interviewing[10] with standard parent orientation services (SO). The effects of ME and SO on participation and retention in two different parenting programs (i.e., Parent-Child Interaction Therapy and standard agency services) will be examined. Parent-Child Interaction Therapy (PCIT) is a dyadic parent-child intervention focused on improving parent-child relationships and parents' child management skills.[11,12] Standard agency services consist of a parenting skills and knowledge group and a supplemental parent anger management group.

Participating families are referred based on risk for child physical abuse (e.g., substantiated incidents of physical abuse). A double-randomization design will be used to permit analyses of the individual and combined impact of the different parenting interventions on family outcomes.

Purdue and OUHSC/CCAN collaborated with CDC to determine measures to assess how the following variables affect participation, attendance, and completion of the program:

- The impact of parents' perceptions of program relevance and service delivery;
- Barriers to participation (e.g., excessive program demands, parental anxiety about services, family problems);
- Parental self-efficacy and motivation;
- Contextual factors (e.g., family disorganization, neighborhood characteristics), and
- Parents' financial, time-related, and psychological costs.

The effect participation in various programs has on parenting beliefs and stress, parents' perceptions of child behavior, and subsequent incidents of child maltreatment will also be examined. By better understanding the factors that affect parental engagement in prevention programs, CDC can facilitate the development of more effective intervention approaches.

Project SafeCare Effectiveness Trials

The ecobehavioral model uses in-home protocols to prevent and treat child maltreatment.[13] Each protocol is highly structured, skill-based, and validated. Project 12-Ways and Project SafeCare are examples of this model. Both programs offer services aimed at ameliorating social/ecological factors that appear to contribute to child maltreatment.[14] Project 12-Ways has operated continuously since 1979, offering parent training and a host of other skill training protocols. Project SafeCare uses a succinct teaching format to focus on parent-child interaction training, home safety, and child healthcare. Based on the cumulative evidence from single-case designs and outcome evaluations using the ecobehavioral model,[15,16] researchers at OUHSC/CCAN are collaborating with the Oklahoma legislature, the Oklahoma Department of Human Services, and CDC to implement and evaluate the model with two different Project SafeCare effectiveness trials.

The Oklahoma House Bill 1143 project compares the effectiveness of Project SafeCare with services as usual to prevent child maltreatment in at-risk families. Families who exhibit parenting risk factors in addition to at least one comorbid problem (e.g., intimate partner violence, parental substance abuse, mental health problems, or developmental disabilities) are referred to Project SafeCare. The standard SafeCare components (health, safety and cleanliness, and planned activities parent training) are enhanced by adding counseling and problem-solving components. SafeCare service providers also receive training in motivational interviewing techniques and intimate partner violence screening and referral.

The Oklahoma Children's Services (OCS) project focuses on child maltreatment prevention in at-risk families throughout the state. The majority of families are referred due to incidents of child maltreatment. Six service regions of the state were matched for population density and then randomly assigned to receive services provided as usual or the enhanced Project SafeCare model. In contrast to the House Bill project, all OCS providers receive training in interviewing and intimate partner violence screening and referral. Additional funding from the National Institutes of Health will allow an evaluation of the importance of monitoring and booster training on fidelity to implementation of the protocols.

Summary

CDC is advancing and expanding child maltreatment prevention by evaluating and disseminating effective programs. CDC has launched several initiatives aimed at preventing child maltreatment through evidence-based parenting programs. This follows an extensive strategic planning process, development of CDC's *Injury Research Agenda*, and consultation with child maltreatment prevention experts. Programs and policies that encourage and promote positive parent-child interactions and improve parenting skills may provide parents and caregivers with the skills they need to better manage behavior *before* violence can occur.

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