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Getting with the (evidence-based) program: An evaluation of the Incredible Years Parenting Training Program in child welfare

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ABSTRACT

This study evaluates four group sessions of the Incredible Years (IY) Parenting Training Program used for the first-time in two child welfare agencies in New York State. Few studies have examined process and evaluation outcomes of evidence-based parenting programs in child welfare. Qualitative staff interviews and surveys on parenting behaviors were used to examine program processes, improvements in parenting behaviors, and participant satisfaction. Program participation was associated with less parental distress, defensive responding, dysfunctional parent–child interactions, child difficulty, total stress, and greater empathy and social support. The effectiveness of this evidence-based, parent education program in the context of a child welfare population, as well as implementation challenges and recommendations, are discussed.

1. Introduction

The challenges and limitations of evidence-based programs in social work are often described simultaneously with their opportunities and promise in the literature. It is generally accepted that programs are considered *evidence-based* when they have undergone some number of rigorous evaluations (through either randomized controlled trials or quasi-experimental designs) and have been shown to be effective. The use of evidence-based programming in social work has been slow compared to some fields due to perceptions among workers that the programming is overly prescriptive (Aarons & Palinkas, 2007; Chaffin & Friedrich, 2004; Kessler, Gira, & Poertner, 2005; Nelson & Steele, 2007; Walker, Briggs, Koroleff, & Friesen, 2007) and not suitable for diverse client groups in real world settings (Chaffin & Friedrich, 2004; Nelson & Steele, 2007; Thomlison, 2005; Walker et al., 2007). The lack of rigorous evaluations of promising programs also limits the field's availability of evidence-based programs (Barth, 2009; Kessler et al., 2005). For instance, in a recent review of social work research, experimental designs were the least commonly used approach (Holosko, 2009).

Understanding how evidence-based programs are used in social work, or child welfare more specifically, is critical to their proliferation, and ultimately to better outcomes for children. Empirical Research in child welfare rarely focuses on both implementation defined here as the process of program rollout, and outcomes of evidence-based interventions. The two tend to be examined separately—resulting in missed opportunities to see if the "promised" outcomes of evidence-based programs occur in spite of the documented challenges of implementing them.

Building on Patton (2008), we use the term *implementation* as one subtype of a process evaluation to extract lessons from how the program was used and experienced by practitioners and participants. The term *implementation*, which we use interchangeably with *use* should be distinguished from how the term is used in implementation research or science (Fixsen & Blase, 2009; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Implementation research focuses more on understanding the contextual factors that lead to the adoption of evidence-based programs and thereby "guide practice and research efforts to move science to service more effectively and efficiently" (Fixsen & Blase, 2009, p. 2).

Our study examined both processes associated with first-time use of an evidence-based program and outcomes for program participants. Specifically, we evaluated the use of the Incredible Years (IY) Parenting Program (Webster-Stratton, 2007) by two child welfare agencies in New York State. The IY has been established as an evidence-based program, though not specifically for a child welfare population. We focused on parenting outcomes as well as social support because a large body of research demonstrates that perceived support is critical to well-being and feelings of self-efficacy (Eckenrode & Wethington, 1990; Sameroff & Seifer, 1983). Because of the IY's design, increased social support is a possible benefit of this type of group-based parenting

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training. We include data on parent satisfaction, as well, because if parents are not satisfied with the program, it is not likely to retain participants and produce positive benefits. Research has shown that both dosage and family engagement are essential characteristics of effective programs (Waldfogel, 2009). We identified one other study that examined the implementation of the IY in a community agency serving a general population. This study focused on program adherence, but not on program outcomes (Stern, Alaggia, Watson, & Morton, 2008).

1.1. Parenting skills training in child welfare

Parenting education, sometimes called parent training, is one of the most commonly used interventions in child welfare (Barth et al., 2005; Huebner, 2002; Hurlburt, Barth, Leslie, & Landsverk, 2007). A large proportion of families receiving in-home services from a child welfare agency or undergoing reunification from an out-of-home placement will participate in parenting education, whether mandated or voluntary (Barth et al., 2005). While information about these programs is increasing, we actually know little about their overall effectiveness for this population and for preventing maltreatment (Barth et al., 2005; Waldfogel, 2009). Furthermore, only a small percentage of the parent training programs used in community agencies have some evidence of effectiveness associated with them. Most agencies report using programs that have not been subject to evaluation (Barth et al., 2005). In an extensive review of parenting education programs in child welfare, there are a small number of randomized controlled trials of parent education programs for "at risk" populations, but even fewer focus solely on families in the child welfare system (Barth et al., 2005; Johnson et al., 2010). Moreover, only a few small-scale studies document the effectiveness of a limited number of parenting interventions on maltreatment outcomes (see Barth and Haskins (2009) for a review), with one exception being the Nurse Family Partnership, which has evidence from a larger-scale study showing a significant decline in abuse and neglect rates (Olds et al., 1997). The field is certainly in need of expansion of the following: the number of interventions subject to evaluation; a focus on the target population of families involved with child welfare; and, the inclusion of child welfare outcomes such as the prevention of child maltreatment or repeat occurrences of it.

While research on the effectiveness of parenting interventions in child welfare is scarce, so is the field's understanding of how evidence-based interventions are adopted and used in real-world settings (Franklin & Hopson, 2007; Maher et al., 2009). Social interventions need documentation of implementation and lessons learned to increase widespread adoption of innovations to improve outcomes, which in this case refers to the use of evidence-based practices in child welfare (see Glennan, Bodilly, Galegher, and Kerr (2004), for an example of such a compilation in the field of education). In addition, a focus on outcomes is critical (Bhattacharyya, Reeves, & Zwarenstein, 2009). These process evaluation studies must go hand-in-hand with or, ideally, precede effectiveness studies in order to understand and interpret observed impact. The field especially needs documentation on the use of evidence-based practices since many community-based agencies providing parent training programs are not using evidence-based or even evidence-informed programs (Kohl, Schurer, & Bellamy, 2009). Put simply, implementation knowledge facilitates adoption of evidence-based practices (Proctor & Rosen, 2008). If the use of evidence-based programs in child welfare is going to increase, understanding challenges of implementation, in addition to the promise of results, is necessary.

Additional research and policy recommendations point to the importance of prioritizing cultural competence of the intervention for successful implementation (Bridge, Massie, & Mills, 2008; Isaacs, Huang, Hernandez, & Echo-Hawk, 2005). While parents from different cultural backgrounds have some similarities in terms of their views on how children should behave, they also express differences in what types of behaviors are desirable or problematic and their strategies for behavior management (Lubell, Lofton, & Singer, 2008). Thus, parenting programs need to understand and address these differences in order for the curriculum to resonate with parents from diverse cultural backgrounds. The IY approach toward cultural competence is to be culturally sensitive and flexible while still adhering to parenting principles seen as generalizable across cultures, rather than creating separate adaptations for culturally diverse groups that have to be administered in culturally homogeneous settings (Webster-Stratton, 2009).

While the IY has been proven effective in improving child behavior and parenting skills in a dozen randomized trials and is listed by several clearinghouses or registries as an evidence-based program (e.g., Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices; Center for the Study and Prevention of Violence; the California Evidence-Based Clearinghouse for Child Welfare), it has not yet been established as an evidence-based program specifically for a child welfare population. Some evidence does, however, suggest it may be successful with a child welfare population. In an effectiveness trial of IY with families in Head Start, those families involved with child welfare showed similar gains as other families in terms of improvements in child behavior and parent practices (Hurlburt et al., 2009). Another recent evaluation of the IY by Letarte, Normandeau, and Allard (2010) with 26 parents who were child welfare involved for neglect showed improvements in caregivers' self-reports of parenting behaviors and perceptions of their children's behavior. With a module developed around co-parenting, an application of the IY in child welfare with foster and birth parent pairs showed significant increases in attitudes about positive discipline and use of clear expectations (Linares, Montalto, MinMin, & Oza, 2006). Finally, in an unpublished study that used a pre- and post-test design with a child welfare population in WA State, parents showed significant improvements in parental stress and the percent of children with parent-reported conduct disorders significantly decreased (Webster-Stratton & Shoecraft, 2009).

A recent meta-analysis by Kaminski, Valle, Filene, and Boyle (2008) on parent training programs for children from birth to age seven identified three independent components that are associated with effectiveness. The IY, described in detail in the Method section, incorporates two of these three components including teaching parents emotional communication and positive parent–child interaction skills, and teaching about discipline consistency and time out. The other component—practicing new skills with children during training sessions is not part of the design of the IY group-based, parenting programs, although the program does rely heavily on modeling and practicing parenting skills through role playing during group sessions and caregivers are required to practice skills at home. Similarly, the intervention must be of sufficient intensity and duration to address the severity of familial risk factors, including a clear program framework and behavioral skills training (Lundahl, Nimer, & Parsons, 2006; Thomlison, 2003). The use of interactive teaching techniques, such as role playing, homework, and video vignettes, is also important for program success and is part of the IY curriculum (The FRIENDS National Resource Center for Community-Based Child Abuse Prevention, 2008). Thus, while the IY shows promise to produce the kind of outcomes desired in a child welfare population, we also need to know more about the challenges and successes associated with using this particular intervention for the first time.

This study is unique in that it is both an implementation and outcome evaluation of the IY Parenting Training Program within a child welfare population. We examine both simultaneously, while acknowledging that benefits to the target population may not be achieved until the group leaders use the program several times and staff are well-versed on its components and theoretical basis (Fixsen et al., 2005). Nonetheless, including a focus on outcomes when

implementing an evidence-based program with a new population is critical for assessing suitability and promise. Using mixed methods of interviews with agency staff and surveys with participating caregivers, this evaluation addresses the following research questions:

1. What are the successes and challenges of implementing the IY Parenting Training Program within child welfare agencies for parents mandated by the courts to receive services?
2. Does participation in the IY Parenting Training Program lead to improvements in parenting stress, skills, and social support for caregivers involved in the child welfare system?
3. How satisfied are parents with the program as measured by parents' assessment of program qualities, retention, and attendance?

2. Method

The evaluation procedures were approved by New York State's Office of Children and Family Services and New York City's Administration for Children's Services Institutional Review Boards and the Casey Family Programs' Human Subjects Review Committee.

2.1. The intervention

The IY is a nationally-recognized evidence-based parenting training model. Its curriculum is focused on enhancement of parenting skills, knowledge of child development, positive child behavior, and parent–child relationships (Webster-Stratton, 2007). It has been evaluated in twelve randomized control trials by its developer and replicated in four independent clinical trials. The program is generally delivered by two group leaders in groups of 10 to 14 parents/caregivers for 2 h each week over a period of 12 to 14 weeks for lower risk populations.

Our evaluation focused on two child welfare agencies and their first time use of the IY program with two consecutive groups of parents. Thus, our evaluation uses data from a total of four group sessions. We use the term *sessions* to refer to each separate administration of the full IY program. Parent training materials were available in Spanish. During the time period when the agencies were using the IY program, a new version of the program was released with updated vignettes with greater applicability for a child welfare population (Webster-Stratton & Reid, 2010; Webster-Stratton & Reid, in press). One agency, in particular, incorporated the new vignettes during their second session of the program. The other agency had more difficulty incorporating the new vignettes. Because of the experimental nature of offering the program in child welfare settings with caregivers mandated to receive child welfare services and due to delivery of the intervention by newly trained group leaders, two modifications were made prior to the program's start. First, with respect to program length, the parenting training program (for parents with children ages 3–8) was expanded to 16–17 weeks during the first sessions and 18–20 weeks during the second sessions. Second, a smaller number of parent/caregivers were included in each group. The initial sessions started at the beginning of the year in 2008 and the following sessions started in September 2008.

2.2. Theoretical underpinnings

The theoretical underpinnings of IY are grounded in social learning theory, particularly Gerald Patterson's (1982) coercion theory on negative reinforcement as a mechanism for developing and maintaining aversive behavior and Albert Bandura's (1986) work on modeling and self-efficacy (The Incredible Years, 2010). Cognitive strategies for challenging negative and depressive self-talk are used to increase parenting self-esteem and confidence. Sessions have a problem-solving format with parent-identified goals, assessments of barriers, and potential solutions. The logic model for the parenting training program is displayed on the IY website although maltreatment outcomes are not explicitly identified in the figure (see http://www.incredibleyears.com/program/IY-logic-model_overview.pdf).

2.3. Approach and content

The training is based on principles of observational and experiential learning, modeling, practice, self-regulation, and self-reflection with a collaborative relationship between group leaders and parents at its core. Training methods include: discussions, goal setting, problem solving, skills training, role play practice, buddy calls between participants, DVD vignettes of parent–child interactions, and homework assignments paired with practice and reading. Typically food, child care, and transportation are provided for each session. Program content includes modeling social skills, coaching, child-directed play, differential attention, ignoring, modulating emotions, and enhancing children's capacity for self-regulation. In addition, the program emphasizes the importance of developmentally-appropriate expectations for children depending on their age, temperament, and developmental abilities when establishing family rules and routines.

2.4. Sample

2.4.1. Group leaders

Staff from two agencies in different parts of NY State participated in the study. Agency A is located in a medium-sized city and Agency B is located in a large, urban area. Both agencies received funding from Casey Family Programs, a large foundation working in the child welfare field, to implement the program. All five staff from the two agencies involved in program implementation (group leaders and agency directors) participated in the study. From Agency A, the IY staff included a clinical supervisor, a therapist, and an administrative assistant, and from Agency B, one manager of preventative services and one former agency staff member who was contracted as a group leader. All group leaders participated in two in-person workshop trainings led by the IY program developer.

2.4.2. Caregivers

All of the caregivers who enrolled in the IY program were invited to participate in our study. These caregivers were mandated to receive child welfare services—although this requirement was not limited to participation in the IY. A total of 41 separate caregivers enrolled in the IY Parenting Training Program during the two sessions at each of the two agencies. For two caregivers who repeated the program, we used data only from the first time they participated in IY in an effort to increase their comparability with their peers.

Of the 41 enrolled caregivers, 29 separate caregivers completed the program and 12 did not. For descriptive purposes, we defined program completion as attending at least 10 group sessions. All of the caregivers who met these criteria also participated in at least one of the final two group sessions. Non-completion was defined as attending nine or fewer sessions. Among those caregivers who did not complete the program, two did not attend any group sessions while the other caregivers all had a clear point in time during which participation stopped altogether. Since the topic of who constitutes a program completer or non-completer is not straightforward in the absence of an a priori definition, our definitions were constructed after the program ended using actual attendance patterns to better understand group participation. Table 1 displays characteristics for the enrolled sample ($N=41$), caregivers who completed the program ($n=29$) and those that did not ($n=12$), in addition to those caregivers who comprise the analytic sample ($n=24$).

2.4.3. Enrolled sample

Of the 41 enrolled caregivers, 68% were female. Fifty-nine percent were biological mothers ($n=24$), 27% were biological fathers ($n=11$),

Table 1
Characteristics of the enrolled, analytic, completer, and non-completer samples.

Characteristic	Enrolled ($N=41$)	Analytic ($n=24$)	Completer[a] ($n=29$)	Non-completer[b] ($n=12$)
Gender (%)				
Female	68.3	70.8	65.5	75.0
Male	31.7	29.2	34.5	25.0
Age (*Mdn*)	37	36	37	41
Ethnicity (%)				
African American	43.9	37.5	41.4	50.0
White	39.0	50.0	44.8	25.0
Latino	17.1	12.5	13.8	25.0
Primary language (%)				
English	87.8	91.7	89.7	83.3
Spanish	7.3	4.2	3.4	16.7
Greek	4.9	4.2	6.9	0.0
Education (%)				
Less than high school	29.3	20.8	24.1	41.7
High school graduate	26.8	29.2	31.0	16.7
Some college	26.8	37.5	31.0	16.7
College graduate	17.1	12.5	13.8	25.0
Relationship status (%)				
Single	34.1	33.3	31.0	41.7
Separated	17.1	25.0	20.7	8.3
Divorced	12.2	12.5	10.3	16.7
Married	31.7	29.2	37.9	16.7
Living together	4.9	0.0	0.0	16.7
Caregiver status (%)				
Biological mother	58.5	62.5	58.6	58.3
Biological father	26.8	20.8	27.6	25.0
Grandmother	7.3	8.3	6.9	8.3
Stepfather	4.9	8.3	6.9	0.0
Aunt	2.4	0.0	0.0	8.3
Approx. income (*Mdn*)	$12,500	$12,500	$12,500	$10,000
Employment (%)[c]				
Full time	19.5	20.8	17.2	25.0
Part time	7.3	8.3	6.9	8.3
Not employed	51.2	45.8	48.3	58.3
On disability	17.1	16.7	20.7	8.3
Retired	2.4	4.2	3.4	0.0
Receives public assistance (%)[c]				
Yes	70.7	75.0	75.9	58.3
No	19.5	12.5	10.3	41.7
Number of children (*M*)	3.0	2.8	2.9	3.3
Age when first child was born (*Mdn*)	22	21	22	20
Percent of sessions attended (*M*)[d]	64.7	81.4	80.3	19.5

[a] Completer status was defined as attending at least 10 group sessions. All of the caregivers who met these criteria also participated in at least one of the final two group sessions.
[b] Non-completer status was defined as attending nine or fewer group sessions.
[c] Percentages do not sum to 100% due to a small amount of missing data for these characteristics.
[d] Session lengths varied between administrations of the IY. The percent of sessions attended was calculated using the corresponding session length for each participant.

7% were grandmothers ($n=3$), 5% were stepfathers ($n=2$), and 2% were aunts ($n=1$). Their average age was almost 40. They had an average of three children who ranged in age from six months to eight years with an average child age of five. Nearly all caregivers (88%) had at least one child between the ages of three and eight. Just over a quarter of the baseline sample was 18-years-old or younger when their first child was born. Descriptive analyses on ethnicity showed that 44% of the caregivers were African American ($n=18$), 39% were White ($n=16$), and 17% were Latino ($n=7$). The majority of the enrolled caregivers spoke English as their primary language (88%), 7% spoke Spanish, and the remaining 5% spoke Greek. With respect to partner status, 37% of the enrolled caregivers were married or cohabitating, 34% were single or had never been married, and 29% were either separated or divorced. Annual median income was in the $10,000–$14,999 range and caregivers completed an average of 12 years of education, although nearly 30% of them did not graduate from high school. Seventy-one percent of the caregivers were either (a) unemployed, (b) unemployed due to disability, or (c) retired ($ns=21$, 7, and 1 respectively) and 71% of those who enrolled received some form of public benefit (e.g., food stamps, medical assistance).

2.4.4. Analytic sample

The characteristics of the analytic sample mirrored the enrolled sample closely, with the exception of the percentage of sessions attended. The analytic sample consists of the 24 of the 29 caregivers who completed the program from whom we were able to collect pre- and post-test data, which is an 83% response rate. Of the demographic differences between those who enrolled in the program ($N=41$) and the analytic sample ($n=24$), only one difference approached significance. White participants were slightly more likely to complete the program compared to their African American and Latino counterparts, $\chi^2(3, N=41)=6.39$, $p<0.10$.

2.4.5. Completers vs. non-completers

Overall, caregivers who completed the IY were similar to non-completers. Tests of demographic differences between these two groups revealed two differences. First, caregivers who were able to complete the program were more likely to be recipients of public assistance than the caregivers who did not complete the program, $\chi^2(1, N=37)=4.21$, $p<0.05$. Second, those caregivers who completed the program were slightly more likely to have fewer children than those that did not, $\chi^2(8,$

$N = 41) = 14.72$, $p < 0.10$, although this difference only approached statistical significance. On average, completers attended 14 sessions ($SD = 2.2$, range = 10–18), while non-completers attended 3 sessions ($SD = 2.1$, range = 0–5). Due to small sample sizes at each site ($n = 6$ and 10 enrolled caregivers at Agency A; 16 and 9 enrolled caregivers at Agency B), we did not examine differences between the caregivers at the two agencies and their first and second administrations of the program.

2.5. Data

2.5.1. Staff interviews

All staff at the two agencies involved in the IY implementation were interviewed in-person or over the phone at two points in time (at the end of each session) with the exception of the administrative assistant at Agency A who was only interviewed during Session 2 when she participated as a group leader. In addition, the Director of Preventive Services at Agency B was interviewed after each session even though she did not lead a group. Interviews were conducted by three Casey Family Programs' research staff with doctorates in social welfare, psychology, and sociology. Each interview lasted between 60 and 75 min. The interviews involved directed, open-ended questions regarding the successes and challenges of program implementation, curriculum tailoring, participant recruitment and retention, participant engagement, cultural sensitivity, and program evaluation.

2.5.2. Consultation calls

During the IY sessions, one-hour consultation calls were scheduled between the group leaders from each agency, the IY program developer, and Casey Family Programs researchers. Consultation calls were designed to provide real-time feedback on program implementation, content, and group dynamics to the IY group leaders by the program developer. The majority of the calls lasted between 45 min and 1 h with detailed notes recorded by a member of the research team for each call. During Session 1, three consultation calls were held with Agency A, and two were held with Agency B; during Session 2, eleven consultation calls were held with Agency A, and six calls were held with Agency B.

2.5.3. Pre- and post-test surveys

Caregivers enrolled in the IY program completed self- or phone-administered pre- and post-test surveys at the start and end of the program. Time was set aside during the first and last classes to complete these measures. In addition, each caregiver had the option to complete the survey over the phone. In these cases, a survey research firm called each participant to complete the survey within two weeks of the first or last class. Many of the IY participants signed up for scheduled calls with the survey research firm at the agency. An interviewer who spoke Spanish was available on the firm's staff. Caregivers were paid $25 for each completed survey as an incentive.

Five self-report surveys were used to assess caregivers' parenting behaviors, social support, and satisfaction with the program. The Parenting Stress Index-Short Form (PSI-SF), AAPI-2, Multidimensional Scale of Perceived Social Support (MSPSS), and Family Support Scale (FSS) were given to each caregiver prior to and after the completion of the IY program. An additional survey, the Strengths-Based Practices Inventory (SBPI), designed to gauge diverse aspects of participant satisfaction, was only administered to caregivers on the post-test survey. Table 2 contains a complete list of the survey instruments, subscales, example items, and Cronbach's alpha reliability estimates for these measures.

The PSI-SF is a 36-item self-report instrument consisting of three subscales (Parental Distress, Parent–Child Dysfunctional Interaction [PCDI], and Difficult Child), each with 12 items (Abidin, 1995). The PSI-SF also contains two additional subscales that assess Defensive Responding and Total Stress. Each item is rated on a 5-point scale and high scores on this scale reflect greater difficulty. The PSI-SF provides clinical cut-offs for each scale. Following the recommendations included in the manual (Abidin, 1995), a score at or above the 85th percentile was used as an indicator of clinical risk in the current study. While this measure was originally normed using a community population, it has been shown to be sensitive as a measure of change for high risk samples of caregivers (e.g., DePanfilis & Dubowitz, 2005) including those that are involved in the child welfare system (e.g., Timmer, Sedlar, & Urquiza, 2004; Wolfe & Hirsch, 2003). Nonetheless, it seems likely that families mandated to receive child welfare services would be more likely to display scores indicative of clinical risk.

The AAPI-2 pre- and post-tests contain five constructs assessing specific parenting behaviors: (a) inappropriate expectations of children, (b) parental lack of empathy toward children's needs, (c) strong belief in the use of corporal punishment, (d) parent–child role reversal, and (e) oppressing children's power and independence (Bavolek & Keene,

Table 2
Outcome measures, example items, and scale reliability estimates.

Scale Subscale	Example item	α_1	α_2[a]
Parenting Stress Index-Short Form			
Parental distress	I often have the feeling that I cannot handle things very well.	0.80	0.68
Parent–child dysfunctional interaction	My child rarely does things for me that make me feel good.	0.89	0.83
Difficult child	I feel that my child is very moody and easily upset.	0.89	0.88
Defensive responding	I feel trapped by my responsibilities as a parent.	0.69	0.42
Total stress	–	0.94	0.91
Adult–Adolescent Parenting Inventory-2			
Inappropriate expectations of children	Time-out is an effective way to discipline children.	0.63	0.50
Parental lack of empathy toward children's needs	Children should keep their feelings to themselves.	0.84	0.72
Strong belief in use of corporal punishment	If you love your children, you will spank them when they misbehave.	0.76	0.74
Parent–child role reversal	Children should be the main source of comfort for their parents.	0.74	0.74
Oppressing children's power and independence	Strong-willed children must be taught to mind their parents.	0.27	0.74
Multidimensional Scale of Perceived Social Support			
Family support	My family really tries to help me.	0.88	0.96
Friend support	I can count on my friends when things go wrong.	0.88	0.92
Significant other support	I have a special person who is a real source of comfort to me.	0.95	0.87
Total support	–	0.92	0.89
Strengths-Based Practices Inventory			
Strengths orientation	The program staff work together with me to meet my needs.	–	0.83
Cultural competency	The program staff respect my family's cultural and/or religious beliefs.	–	0.56
Relationship-supportive	The program staff encourage me to go to my friends and family when I need help or support.	–	0.55
Staff sensitivity-knowledge	The program staff understand when something is difficult for me.	–	0.76
Total overall score	–	–	0.85

[a] Cronbach's alpha reliability scores are reported (a) pre-IY and (b) post-IY.

2001; Conners, Whiteside-Mansell, Deere, Ledet, & Edwards, 2006). There are two versions of the inventory, Form A and Form B, each consisting of 40 items that are rated on a 5-point scale. Form A was administered prior to the program's start and Form B was administered at its conclusion. The AAPI-2 does not have a composite, total score.

The MSPSS (Zimet, Dahlem, Zimet, & Farley, 1988) is a multifaceted, yet brief (12-item) measure of social support that has been used with diverse samples (Canty-Mitchell & Zimet, 2000). It was used to assess participant's perceptions of social support from family, friends, and significant others at the beginning and at the end of the IY program. Responses are rated on a 7-point Likert-type scale ranging from 1 to 7 ("very strongly disagree" to "very strongly agree").

The FSS (Dunst, Trivett, & Deal, 1988) measures use of resources and supports while families are raising young children. An abbreviated version of the FSS was used in the present study to assess whether caregivers accessed professional supports (e.g., social groups, faith-based organizations, child care, professional agencies) and how helpful they perceived those services to be. Caregivers were asked to rate how helpful resources were during the past three to six months for 9 items on a six-point scale (1 = not used, 2 = not at all helpful, 3 = sometimes helpful, 4 = generally helpful, 5 = very helpful, and 6 = extremely helpful). For ease of interpretation, the scale was dichotomized (converted to a 0/1 variable) with 0 reflecting either no resource use or resource use that was "not at all helpful" and 1 reflecting resource use that ranged from at least "sometimes helpful" to "extremely helpful."

The SBPI (Green, McAllister, & Tarte, 2004) was administered at the conclusion of the IY program to gauge different aspects of participants' satisfaction with the program. This 16-item inventory is designed to monitor the quality of service delivery in terms of supportiveness, strength-based qualities, and cultural competency, and has been used previously with at-risk populations such as parents with children enrolled in Head Start programs. Participants rated each statement on a 7-point Likert-type scale that ranged from 1 to 7 ("very strongly disagree" to "very strongly agree").

2.6. Analysis

2.6.1. Qualitative analysis

The qualitative analysis was conducted by four researchers: the project director, a research analyst, a doctoral student intern, and a research assistant. In order to identify implementation challenges and adaptations, the researchers read the interview responses and consultation call notes and developed agreed upon themes and subthemes for organizing the data. One researcher then organized the data into these themes. Given the small number of interviews, we used this approach to organize and present all of the responses to our questions about implementation challenges and perceived impact. The goal was not an in-depth thematic analysis, but rather an approach that would allow us to capture all the staff's input about implementation of the IY. Staff recommendations on perceived program impact for participants are also described in the text.

Table 3
Implementation challenges described by program staff.

Themes and subthemes	Frequency
Program design challenges and adaptations	
Enough time to cover material	18
Measuring outcomes	6
Difficulty with tailoring for individuals	4
Cultural competency	
Buddy calling	9
Ethnic/class divide (between participants and materials)	10
Program relevance to parents' situation	5
Program supports	
Child care	12
Transportation	7
Life stressors	
Parental disengagement	10
Major life events (e.g., eviction)	4

2.6.2. Quantitative analysis

Descriptive statistics were conducted for all outcome measures. To examine differences in outcomes between the pre- and post-tests, paired t-tests were used. In those instances where data were missing, listwise deletion was used.

3. Results

3.1. Qualitative results

The group leaders described a variety of barriers to the successful implementation of the IY program at their respective sites. Four broad categories related to implementation were identified: program design challenges and adaptations, cultural competency, life stressors, and program supports. The frequency of the challenges described by program staff during the consultation calls and interviews are shown in Table 3.

3.1.1. Program design challenges and adaptations

The most frequently addressed implementation challenges involved the design of the program, which included issues related to the type of material presented, how and when the material was presented, and how to measure program success. Among the various challenges faced, difficulty in covering the amount of material in the allotted time was the most common concern raised by the leaders. Time restrictions, as barriers to successful completion of the program, were described by the group leaders in several ways, including: more discussion time could have maximized the program benefits, the sheer number of handouts was overwhelming, some participants moved slower through the assignments, weekly sessions ran long and overlapped, and program tailoring meant excluding some topics. Leader 1, for example, reported, "The hardest part [was] how to present as much of [the material] in time allotted and stay on schedule." Similarly, Leader 2 expressed that they were "often not able to finish one week's material… trying to carry over and leave enough time for role play and discussion." The challenge surrounding sufficient time, or efficient time use, may have affected parenting outcomes as curriculum parts were invariably streamlined, summarized, or excluded altogether. As the program developer noted on the consultation calls and during discussions with the evaluators, such challenges are not atypical for first-time use of a program like this. Moreover, both agencies increased the number of weeks allotted for the program in Session 2.

3.1.2. Cultural competency

An additional challenge mentioned frequently by the group leaders was the ethnic and/or class divide between the program participants and the IY materials. During Session 1, leaders mentioned that the DVD vignettes lacked diversity in living conditions, socioeconomic status, number of children, and ethnicity. Specifically, Leader 6 remarked, "Economic class issues [are] less well addressed… [some] parents [are] working three jobs and raising kids alone," and the "vignettes show large houses instead of tiny apartments." During the course of the implementation, the program developer completed filming new vignettes that displayed more diverse families in a broader variety of contexts and was able to provide this to the group leaders during Session 2. The issue of an ethnic and class divide between the program participants and the materials persisted, however. Leader 4 noted, in reference to the new vignettes, "the vignettes had more of an upper class feel to [them] than a lower class feel… Actors had nice clothes on and they had nice couches in their homes." Furthermore, Leader 6 stated, "they made a great effort to change the vignettes to make them inclusive to everybody's race and

culture, however, class and educational levels [were] still an issue in the videos. Specifically, their vocabulary [was] different than how our participants speak … [the program developer] could reach deeper into different populations with different educational backgrounds." It is possible the leaders may not have chosen among or used the most culturally appropriate of the new vignettes, though discussion of which new vignettes to use was usually a topic of detailed discussion during the consultation calls with the program developer during Session 2. Tailoring parenting interventions to be culturally sensitive has been shown to affect program outcomes (Coard, Foy-Watson, Zimmer, & Wallace, 2007; Lynch & Hanson, 1998). Thus, reducing the socioeconomic divide between the program participants served in child welfare agencies and the program materials may lead to greater impacts on participant outcomes.

Finally, challenges surrounding the "buddy calling" portion of the program arose due to some parents' limited telephone access. Because of financial burdens, some parents were only able to use phones with pre-paid minutes that eventually ran out, some avoided answering the phone because of bill collectors, and others had phones which were disconnected. Leader 4 remarked that buddy calling was omitted from the curriculum because she "didn't want a lot of [the parents] to feel stressed about not having access to a phone." Buddy calling was abandoned at both agencies for Session 1 and at one agency for Session 2. While buddy calling is intended to create cohesion among the IY caregivers, some group leaders were able to replicate a support network through other means (e.g., encouraging parents to come early to group dinners so they have more time to interact with others).

Group leaders also shared the challenges associated with implementing certain parenting techniques with a child welfare population. During a consultation with the program developer, one leader from Agency A recalled a situation, "when a mother ignored [her] child's behavior during tantrums, the neighbor called police and then called CPS." Leader 1 commented that her group, "left out the piece on 'ignoring' because ignoring certain behaviors is not safe in certain communities." Thus, the context in which parents reside may or may not be conducive to implementing all of the IY parenting strategies. As an added example, Leader 6 commented, "It is hard to use [a] time out in an overcrowded apartment." In order to achieve the maximum benefit from the IY program, certain aspects of the program were tailored, emphasized, or removed due to parents' culture or environment. Some of the program adaptations were fairly straightforward (e.g., holding meetings in person when phones were unavailable), yet other adaptations were more subtle and complicated given cultural and economic barriers (e.g., encouraging "self-praise" for parents who are unaccustomed to receiving positive feedback or reframing caregivers' cognitive appraisals of stressors from overwhelming to smaller, more manageable tasks that could be addressed). Language barriers for non-native English speakers and parents' varying levels of emotional connections with their children also influenced caregivers' capacity to use the parenting strategies. Recognizing and addressing these barriers early seems crucial to the successful implementation of the IY program.

3.1.3. Program supports

Group leaders also faced logistical obstacles that strained program implementation. Aside from the usual challenges encountered at the start of any program (e.g., finding sufficient time and space, securing enough funding), ongoing struggles existed with adequate transportation to and from the workshops and satisfactory child care. One leader observed, "one woman, who had 3 kids, [said] there's no way she's going to show with bus tokens." Leader 2 asserted, "transportation assistance was huge with [retention issues]." Regarding child care, one agency director recognized the need to "improve child care, so [there are] fewer interruptions," and Leader 6 noted the difficulty with "[Having] to share adjoining space with the babysitter … Kids would run in during group sessions." Child care issues also disrupted the group dynamics when, as communicated by Leader 2, "parents were called out of session to address daycare … having to leave to change diapers [impacted] the flow of the group. There were 6 child care workers for 19 children." Despite the strain these logistical challenges posed, when addressed, they created opportunities to increase retention among the group participants as well. One group leader from Agency A commented, "Transportation (via cabs) helped keep attendance high," and Leader 2 maintained, "The quality of the child care helped parents want to stay. For parents, it was good to know that some things were going to be taken care of."

3.1.4. Life stressors

Group leaders often expressed concerns about participants' ability to fully engage in the program due to the many external stressors they faced. For example, several leaders mentioned the impact that stressors, such as pregnancy, eviction, or divorce, had on learning and practicing parenting skills. With respect to caregivers' struggles with program participation, Director A expressed the importance of "stabilizing the family [long] enough to make a commitment to the group process … if [they] are being evicted next week, [they] are not going to care if [their] child is upset." The difficulties in establishing commitment to the IY program may be in large part resolved through the screening of referrals; this same director noticed, "the parents that did commit to this program had already been in preventative services … the home was stabilized so [they] could now focus on 'how can I be a better parent?'"

3.1.5. Parent engagement

During the interviews, staff were asked about their recommendations for increasing engagement and retention. Staff recommendations included: (a) building relationships between parents and between the parents and group leaders and (b) providing parents with rewards and a sense of achievement. Screening caregivers for participation in the IY was important for building "a cohesive group, because [the session] is too long without a group that gets along well." Leaders also discussed the need for frequent contact between themselves and the program participants. Leader 2 noticed, "weekly phone calls helped with relationship building. Contact between the group sessions kept [the parents] very connected to us and each other." In addition, to address parental retention of the material, booster sessions or phone calls were suggested.

From the group leaders' perspective, providing dinner before the start of each weekly meeting was vital for participant retention; one leader even called the meals, "the key to retention" because they fostered relationships among the caregivers. Leader 1 noted, "Meal time was different. [Parents] sat down and ate together and felt support … kids would sit at a table with different families and parents enjoyed this." Leader 2 commented that "[With] meals, parents got to know each other and as a result wanted their relationships to continue." Thus, through screening referrals, weekly phone calls, and providing meals, the IY leaders promoted relationship-building between the parents and thereby bolstered commitment and engagement in the program.

Leaders also described how providing individual as well as group incentives and rewards to the caregivers seemed to contribute to the overall success of the program. Recognition of efforts on the part of caregivers to complete assignments, arrive punctually, and work through the program, led to a sense of accomplishment among the caregivers that encouraged participation and continuation in the program. Leaders from Agency A "set up an incentive chart" and "started a door prize every week." Leaders from Agency B "did little raffles for the clients who were there on time." Leader 3 reported, "Midway through [they] made a chart tracking homework completion and the parents would remind [the staff], 'I want my sticker.'" Apart from weekly incentives to encourage participation/attendance, providing a certificate of completion or holding a final graduation ceremony also encouraged caregivers to see the entire IY program

through to the end. One group leader from Agency B suggested that "even though graduation won't be [until] the week after group ends, people will show up because graduation is big, well-publicized, and very eventful." During this implementation of the IY program, group leaders understood that incentivizing the program and building interpersonal relationships were pivotal to these caregivers. The focus on relationship building and rewards is an integral part of delivering the IY with fidelity.

3.1.6. Parenting outcomes

We also asked IY agency staff about their perceptions of parent outcomes, both expected and unexpected. With the adoption of the IY parenting strategies, many parents were "more aware of some of the things that they were doing that were defeating their parenting" and they showed "increased acceptance of using positive discipline approaches and understanding [of] the rationale" (Leaders 1 and 2). Group leaders also reported that caregivers were able to implement bedtime and mealtime routines, establish stronger emotional connections with their children, and reduce fighting in the home. In addition, several unanticipated outcomes emerged. Leader 4 observed, "Parents planned things outside of the groups, [increasing] parental empathy, and [the parents appreciated] how others [were] also struggling." Leader 2 noticed the caregivers' "increased self-awareness (e.g., the potentially harmful influence of sarcasm) and empathy toward their children." Leader 3 commented on how the caregivers "would all help each other out" by watching each other's children and providing coupons, clothing, and advice to one another. The bonds established between caregivers through spending time, sharing with one another, as well as their own self-reflection on parenting, seemed beneficial for both the caregivers' growth and their progression in the IY program. Group leaders' observations of these changes were echoed in the quantitative analysis presented next.

3.2. Quantitative results

3.2.1. Parenting outcomes

Differences between pre- and post-test on caregivers' self-report of parenting stress, skills, and social support were examined. These results are presented in Table 4. In terms of parenting stress, caregivers reported significantly fewer difficulties at post-test for three subscales of the PSI-SF and for defensive responding and total stress. Specifically, caregivers who completed the intervention reported significantly less defensiveness, distress, dysfunctional parent–child interactions, child difficulty, and total stress.

We also examined change from clinical to non-clinical levels of risk on the PSI-SF following the completion of the program. We found that 56% of caregivers experienced clinically significant levels of parental distress prior to the IY compared to only 25% after it. Likewise, 59% of caregivers reported experiencing child difficulty at clinically high levels prior to the intervention while 42% rated their child as difficult following the intervention. With respect to total stress, 61% of caregivers experienced clinically significant levels of parenting stress prior to the intervention compared to 54% at the intervention's conclusion. These differences were all statistically significant. Caregivers' ratings of clinical levels of dysfunctional parent–child interactions remained generally constant across both sessions.

In contrast, only one scale on the AAPI-2 showed a significant difference between pre- and post-test. Caregivers who completed the program were significantly more likely to respond empathetically to their children following the program than at the program's start. This finding is notable given that high scores on this scale indicate that parents have a nurturing parent orientation, are sensitive to children's needs, and take those needs into account. Children of empathic parents are more likely to be listened to, comforted, and supported when they feel inadequate, a cornerstone for their own empathic development (Eisenberg et al., 2005; Kochanska, 1997).

Table 4
Mean differences in outcome measures before and after participation in the Incredible Years Program (n = 24).

	Pre-test		Post-test	
Measures	*M*	*SD*	*M*	*SD*
Parenting				
Parenting Stress Index-Short Form[a]				
Parental distress	35.7	8.6	28.8**	6.4
Parent–child dysfunctional interactions	28.6	9.9	24.3*	6.6
Difficult child	36.3	9.9	30.9**	8.2
Defensive responding	21.2	4.7	17.5**	3.5
Total stress	100.6	24.6	84.0**	18.2
Adult–Adolescent Parenting Inventory-2[b]				
Inappropriate expectations	19.3	4.6	20.6	4.3
Lack of empathy	35.1	7.4	40.8**	5.0
Belief in corporal punishment	40.6	7.1	42.4	6.1
Parent–child role reversal	24.8	5.7	24.4	5.1
Oppressing child's independence	19.3	2.8	19.5	3.6
Social support				
Multidimensional Scale of Perceived Social Support				
Family support	16.4	7.9	18.5*	6.9
Friend support	15.7	7.3	18.7+	5.6
Significant other support	17.5	8.1	20.0	5.6
Total support	49.6	19.9	57.3*	13.6

+$p < 0.10$. *$p < 0.05$. **$p < 0.01$.
[a] Higher mean scores for the Parenting Stress Index-Short Form indicate more negative outcomes (i.e., more distress, child difficulty).
[b] Higher mean scores for the Adult–Adolescent Parenting Inventory-2 indicate less negative outcomes (i.e., fewer inappropriate expectations).

At the program's conclusion, caregivers reported feeling greater support from their families and overall support as measured by the MSPSS. In addition, differences between pre- and post-test in perceived support from friends approached significance. With respect to the FSS, only one difference for caregivers' ratings on the helpfulness of resources approached significance and that was for parenting groups, in general. With respect to differences between those participants who completed the program and those that did not, caregivers who rated parenting groups as "helpful" on the FSS at the start of the IY, were significantly more likely to complete the program, which suggests that caregivers' initial orientation to program usefulness may affect participant retention.

3.2.2. Participant satisfaction

Our third research question addressed participants' satisfaction with the program. The SBPI was used to assess important dimensions of the quality of service delivery. To place participants' responses in context, we compared caregivers' ratings on this scale to those of the economically disadvantaged families who comprised the validation sample used in the development of the SBPI ($N = 275$). Table 5 displays these results. With respect to the Strengths Orientation subscale, caregivers in the IY sample strongly agreed that the group leaders used an empowerment approach and their ratings were nearly identical to those of the validation sample. With respect to the Cultural Competency subscale, the IY participants "mildly agreed" that the group leaders displayed cultural competence. Their ratings on this

Table 5
Comparison between the mean SBPI scores and standard deviations for caregivers in the Incredible Years and validation samples (*N*s = 24 and 275, respectively).

	IY sample		Validation sample	
SBPI subscale	*M*	*SD*	*M*	*SD*
Strengths orientation	6.01	0.67	6.00	1.32
Cultural competency	5.00	0.80	5.41	1.33
Relationship-supportive	5.72	0.64	5.74	1.34
Staff sensitivity-knowledge	6.08	0.72	6.18	1.21

Note. SBPI = Strengths-Based Practices Inventory.

subscale were slightly lower than the validation sample's ratings. Caregiver ratings for the Relationship-Supportive subscale were nearly identical to those of the validation sample, indicating strong agreement about experiencing group leaders' encouragement and support toward them. Last, on the Staff Sensitivity-Knowledge subscale, caregivers strongly agreed that group leaders were highly competent, providing ratings which approximated those found for the validation sample. Overall, participant satisfaction as measured by the SBPI indicates that the IY group leaders succeeded in delivering a strengths-based and relationship-supportive curriculum with the most room for improvement in the area of cultural competency, which was validated by our qualitative findings. Future research with larger samples will need to examine whether participant assessments of program quality such as these indirectly or directly influence parenting and child outcomes through increased engagement.

As described above, we also measured program attendance as a proxy for program satisfaction. Of the 29 participants who completed the program (for an overall retention rate of 71%), participants attended an average of 14 of the 16–20 week sessions. Attendance varied, however, as a function of the session and agency with no clear pattern overall. Of the 12 participants that did not complete the program, most left the program between weeks six and nine after sporadic attendance; four of the twelve non-completers left the program after the first week. For Agency A, participants' reasons for leaving the IY program included pregnancy and loss of housing. For Agency B, participants' reasons for leaving included the length of the program, the length of the commute, time needed to find a job, having a child neglect report filed, and the inability to catch up after missing several weeks of material. For a population of child welfare involved families, the retention rate was 71% and this level of attendance is actually quite good. Webster-Stratton and Reid (2010) cite studies which suggest that drop-out rates for parenting programs in this population can be as high as 50% to 80%.

Finally, it is important to look at “agency retention,” typically referred to in the field as program sustainability. At the time the evaluation ended, one agency continued with the IY program with one leader obtaining certification while the other agency did not. It is difficult to fully understand the factors contributing to agency decisions to continue using a program. We observed different levels of agency commitment to the implementation process in terms of participation in consultation calls and cooperation with the certification process. Our interviews with leaders within the organization said that securing funding and addressing child care and transportation needs would be required to continue with the IY.[1]

4. Discussion

Interventions that show promise in tightly controlled efficacy studies must make the transition to the “real-world” or effectiveness arena. Evaluating the process of program implementation and initial outcomes of an evidence-based program such as the IY Parenting Training Program in child welfare settings is a first step toward encouraging the adoption of evidence-based practice in child welfare. While the IY Parenting Training Program is evidence-based, there is a scarcity of literature on its utility for families within the child welfare system. In this vein, we aimed to address three research questions in the current paper: (a) What successes and challenges were associated with implementing the IY Parenting Training Program for caregivers mandated to receive services?, (b) Do caregivers participating in the IY show improvements in parenting stress, skills, and social support?, and (c) How satisfied are caregivers with the program? We used qualitative methods to document the implementation of the program in an effort to illustrate real-world challenges and successes in application and to understand the extent to which the program may or may not affect parenting outcomes in the context of a child welfare population.

Our findings highlight four key implementation challenges: (a) program design, (b) cultural competency, (c) program supports, and (d) life stressors. Of all the challenges, covering the material in the allotted time was the most pervasive. Group leaders also indicated that ethnic and socioeconomic diversity was lacking in the program vignettes and this seemed to pose a barrier to participant engagement. Further, challenges in participants' own lives spilled over and became salient barriers to program engagement. For over half a century, Maslow's (1954) hierarchy of needs states that basic needs must be met before higher-order needs such as the acquisition of parenting skills can be effectively addressed. Leaders, however, showed flexibility and adaptability in working with this population, skills which are necessary elements of effective service delivery as long as core components of the program are maintained. Webster-Stratton and Reid (2010) call this adapting with fidelity. Finally, observations by the group leaders suggest that those families who had already received preventative services were better equipped to face the challenge of becoming better parents as IY participants.

To facilitate participant retention, leaders focused on building relationships within the group through screening referrals, weekly phone calls, and sharing meals. Another avenue to promote attendance and program completion was through incentives and rewards. Incentivizing aspects of the curriculum seemed to reinforce program goals and foster a sense of achievement among caregivers. In addition, barriers to participation such as transportation and child care were addressed using multiple strategies. Individualized transportation was provided through taxi cabs and gas cards in addition to bus and train tokens, and larger spaces with separate rooms were procured to set the stage for adequate child care. These arrangements sometimes took a good deal of time to establish, however, they were key to promoting attendance and program completion.

Despite these first-time implementation challenges and the lessons learned, results on parenting outcomes were very encouraging. Caregivers reported less defensive responding, parental distress, dysfunctional parent–child interactions, child difficulty, total stress, and greater empathy. Notably, our results showed significant changes from clinical to non-clinical levels of parental distress, child difficulty, and total stress. After completing the IY, caregivers reported higher levels of family support, friend support, and total support in addition to rating parent groups as more helpful compared to their ratings at the start of the program. These findings were further supported by group leader reports of perceived impact on participants, which suggested that caregivers developed greater awareness of self-defeating parenting behaviors and increased their buy-in and repertoire of positive discipline approaches by participating in the program. Leaders observed a host of tangible outcomes among IY participants such as stronger emotional and empathic connections with their children and each other.

Group leaders also shared the challenges they experienced with implementing certain parenting techniques within a child welfare population including adaptations made to deliver the program within this context. These adaptations are part of the flexibility programs' need to be culturally sensitive, while still adhering to the non-contested program principles (Webster-Stratton, 2009). Group leaders did not raise concerns about the appropriateness of the underlying principles of the intervention; rather their concerns focused on the materials, some of the discipline strategies as they occur in the context of families involved with child welfare, and how certain principles needed to be conveyed.

[1] Costs of implementing the program include one-time costs of $1100–$1500 per leader for training. Ongoing costs include: $1900–$2100 per agency for manuals and program materials; $500 per leader for consultation, DVD review, and leader certification; and $500 per IY participant for program materials and other implementation costs such as meals, child care, and staff time (assuming a group size of 12, which is larger than the size of the groups in the agencies for this evaluation).

We also addressed caregivers' satisfaction with the IY program. Specific dimensions of program delivery quality were examined through a strengths-based practice measure, which was administered at the program's conclusion. In general, parents reported a high level of agreement that the staff were sensitive and knowledgeable and the program was delivered in a strengths-based, relationship-supportive manner. While parents agreed that the program staff displayed cultural competency, their agreement to these items was slightly lower than other items.

Finally, we examined participant satisfaction by looking at retention and attendance. Retention was about 70% and participants who completed the program attended approximately 14 sessions of 16–20 total sessions. This retention and attendance rate seems relatively high given the ongoing and daily challenges faced by a child welfare population, where stress and economic disadvantage increase the likelihood of parenting challenges associated with being mandated to receive services in the first place. Understanding the reasons that underlie caregivers' ability to complete the program is bedrock to understanding for whom this program is most effective (as well as under what conditions). Future evaluations would benefit from understanding factors associated with program completion and self-selection, although these tests were not appropriate here given the small sample size. At a basic level, dropout may be driven by stressful life circumstances for families who face an accumulation of risk factors. Alternatively, lower risk families who experience case closure may be less likely to continue with program participation.

4.1. Limitations

Our study has several limitations. First, our small sample limits generalizability and did not allow us to examine differences in outcomes by agency or participant characteristics. Nonetheless, the multiple methods and examination of both implementation and outcomes provides rich information relevant to the field and practitioners interested in adopting similar evidence-based programs. Second, we did not measure other risk factors known to influence parenting and child maltreatment outcomes. Factors such as caregiver mental health, substance abuse, and domestic violence in the home may influence the extent to which families benefit from an intervention such as this. Similarly, we were not able to control for other child welfare services the families were involved in, which may have affected these outcomes. Third, this study did not assess maltreatment or child adjustment outcomes and instead relied on staff and parent reports, which could contain some social desirability bias, inherent in many pre-post test designs. A fourth limitation was the absence of a long-term follow-up to assess the extent to which gains in parenting skills and supports remain robust over time. This drawback was echoed by the group leaders who believed that longer-term follow-up would have helped them understand the lingering effects of the program for this population and the value of ongoing implementation work. Last, while we found some significant differences in parent outcomes before and after the intervention, without a comparison group we cannot definitively attribute a causal relationship between the program and the observed outcomes.

It is important to note that after each agency's implementation of the IY, only one agency continued using the program. Given the amount of investment in training, implementation, and consultation, this is unfortunate. Despite the promising parenting outcomes from a first-time implementation, which have since been shared with the agency, real world constraints of funding, time, and other types of investments make sustainability difficult.

5. Conclusions

Results from this study shed light on the potential of the IY Parenting Training Program to significantly improve parenting outcomes in a child welfare population. This finding is particularly striking given that each agency was involved in their first implementation of the program and the implementation challenges, as documented here, were not insignificant. As Fixsen et al. (2005) note, implementation is a process and can take 4 to 6 years. While this study did not include a randomized control group design, it is one step on a continuum of providing supportive evidence to justify investment in a "gold-standard" evaluation for this population to increase the availability of evidence-based options. As Barth (2009) reminds us, child welfare needs more effectiveness trials, but programs need to show maturity and application for the target population before engaging in such resource intensive work. Child welfare agencies and families deserve programs that are implementable, effective, and meaningful to participants. Documenting program effectiveness in order to encourage sustainability and replication is a critical step toward improving caregivers' ability to parent, their well-being, and ultimately the well-being of their children.

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