

Building Evidence for a Prevention-Focused Education Program Targeting Parents of Infants and Toddlers

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A lack of parenting skills puts young children at greater risk of maltreatment, and impedes healthy child development. Using a combination of a pre-post and post-only design, a prevention-focused parenting education workshop series was assessed to determine its influence on parenting knowledge and self-efficacy. Outcome measures indicated that parents who attended the workshop series showed significant improvement despite having limited resources and a greater number of risk factors. Results suggest that arming parents with knowledge and skills around parenting may lead to increased parenting self-efficacy, potentially reducing risk of child maltreatment and fostering more supportive and responsive parenting.

KEYWORDS *evidence-based, education, prevention, parenting, self-efficacy*

In 2008, 3.3 million reports of child maltreatment were filed with Child Protective Services, and 21.7 per 1,000 of those reports were in reference to an infant under the age of 1. This number constitutes the highest rate of

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abuse victims among all age groups of children from infancy to age 17 (U.S. Department of HHS, 2010). These rather astonishing statistics warrant a rallying of communities across the nation to educate and support parents of infants and toddlers, especially those faced with a battery of environmental, psychological, and social risk factors.

How do we support parents and foster healthy parenting practices? One avenue is through improving self-efficacy around parenting. According to Bandura (1982) the perceptions of one's ability to act in a manner necessary to manage prospective situations is considered self-efficacy. Beliefs of one's self-efficacy impacts on his or her functioning through affective, motivational, cognitive, and decision-making processes (Bandura, 1997). Evidence from a variety of fields suggests that self-efficacy acts as a mediator/moderator for treatment outcomes (Kadden & Litt, 2011; Wong & Longshore, 2008; Warren, Stein, & Grella, 2007), indicating that the stronger the self-efficacy one perceives, the better the outcome.

This established link between self-efficacy and treatment outcomes warranted exploration of parental self-efficacy on parenting behaviors. According to Coleman Hildebrandt Karraker (2003), parenting self-efficacy is comprised of two components: knowledge/skills of parenting and confidence in ability to perform adequately in the parenting role. Beliefs in self-efficacy with regard to parenting are believed to be a key determinant of parenting behavior (Coleman & Hildebrandt Karraker, 2003) and may mediate the relationship between a host of parent-child variables, such as maternal depression and environmental risk factors such as poverty, and the quality of parenting (Raver & Leadbeater, 1999; Teti & Gelfand, 1991).

Considerable evidence substantiates the role of stable, affectionate, and responsive parenting in healthy child development (Lugo-Gil & Tamis-LeMonda, 2008; Leseman & deJong, 1998; Storch & Whitehurst, 2001). Confidence in parenting or parental self-efficacy, influences the parent-child interaction and subsequently, the child's development (Sanders & Woolley, 2005). Teti and Gelfand (1991) found that parents with higher parenting self-efficacy engaged in more responsive and sensitive interactions with their child. However, believing one can perform a set of behaviors without having the knowledge of how to do so may result in less sensitive interactions and a decrease in the willingness to engage in parenting activities (Hess, Teti, & Hussey-Gardner, 2004). Thus, it is important that new parents have sufficient knowledge concerning parenting behaviors to help increase parenting self-efficacy and ensure more positive interactions with their child(ren).

Increased parental self-efficacy appears to play a role not only in the early years of child development but also in a child's school age years. As Hoover-Dempsey and Sandler (1997) suggest, parental involvement in their child's education is partly motivated by the parent's sense of efficacy or belief in the ability of their actions to help the child learn. The higher the

self-efficacy, the more likely a parent is to actively engage in their child's education and persist in the face of obstacles (Hoover-Dempsey et al., 2005). Thus, building self-efficacy of parents of infants and toddlers may positively impact child development, decrease the risk of child maltreatment, and encourage future parent engagement in their child's education.

The parent-child interaction is thought to be reciprocal in nature. It has been suggested that parents may modify their response to their child's cognitive development creating a reciprocal pattern of interaction (Lugo-Gil & Tamis-LeMonda, 2008). In other words, responsive parenting leads to more positive cognitive outcomes for the child, which in turn elicits more responsive parenting behaviors. The reverse is also true, with poor parenting leading to poorer cognitive outcomes, which maintain poor parenting.

Social support is also known to influence the parent-child relationship. Parents who perceive strong social support have a better relationship with their child and stronger parenting skills (Anderson & Telleen, 1992; Kotchick, Dorsey, & Heller, 2005). Similarly, findings from Green, Furrer, & McAllister (2007) indicate that at-risk parents with more social support engage in more positive parenting behaviors.

Several studies indicate a link between low-income communities and child development outcomes (Duncan, Yueng, Brooks-Gunn, Smith, 1998; Yueng, Linver, & Brooks-Gunn, 2002; National Institute of Child Health and Human Development Early Child Care Research Network, 2005), as well as between poverty and child maltreatment (Schuck, 2005). However, Yeung, Linver, and Brooks-Gunn (2002) found that parenting practices mediate the effect of low-income on child development. These results suggest providing parenting education to low income families in an effort to preclude maltreatment may increase positive outcomes for both parent and child. Furthermore, parents of infants and toddlers who lack parenting skills and have fewer resources are at a greater risk of harming and neglecting their children (DiLauro, 2004; Milner & Dopke, 1997). These child maltreatment situations are often related to developmental delays, especially among infants and toddlers (Veltman & Browne, 2001), as well as mental illness in children and adolescents (Grant, Compas, Stulmacker, Thurm, McMahon & Hapert, 2003).

It appears little has been done in an effort to prevent maltreatment and developmental delays through education and support of parents with infants who experience a number of potential risk factors. Numerous parenting programs have been implemented across the nation with varying specific aims and long-term goals. Some of the most notable and well-documented programs include Triple-P Positive (Sanders, 1999), which targets behavior and family problems; and the Incredible Years (Webster-Stratton & Hancock, 1998), which addresses child aggression and behavior problems in an effort to improve school competence. These and a variety of other programs, although effective, have a narrowed and reactive focus to a specific set of

challenges related to school age children. Arguably, the demand for such problem specific programs for school age children would significantly decrease if researchers and clinicians placed more energy into primary prevention through parenting education regarding infants and toddlers. It may also be argued that parenting education targeting the broader context of parenting and infant and toddler development, particularly for those of lower socio-economic status, may help to prevent child maltreatment and developmental delays.

Arming parents with skills and information around parenting and child development as well as increasing social support around their parenting role may have a significant impact on both the parent and child. As suggested previously, improving parental self-efficacy positively influences parenting behaviors and consequently promotes healthy physical and cognitive child development (Coleman & Hildebrandt, 2003). Furthermore, providing the parents with skills and support early on in their parenting experience may encourage more parental engagement in the child's education, which in turn promotes academic success for the child (Hoover-Dempsey et al., 2005). The following prevention-focused parenting workshop series was constructed around the theoretical perspective of building parental self-efficacy.

Ready, Set, Parent!: Infants and Toddlers Workshops

In response to a growing need among parents of young children in Western New York, and a lack of existing prevention-focused parenting education programs for infants, two community non-profit organizations, Every Person Influences Children (EPIC) and Baker Victory Services (BVS) created a comprehensive program, Ready, Set, Parent! This program includes the 10-week Infants and Toddlers workshop series. The Infants and Toddlers workshops aim to prevent child maltreatment among parents with risk factors (low birth weight of the infant, living below the federal poverty line [FPL], less than a high school education, residing in communities with limited resources, and exposure to neighborhood crime and violence) and increase parent involvement in learning through adult education and social support.

As a community generated and facilitated program, Ready, Set, Parent!: Infants and Toddlers is in its infancy with regard to evidence-based evaluation. However, the aim of the organization is to move from basic program evaluation toward rigorous experimental study, with the goal of conducting randomized-controlled trials. The Institute of Medicine (IOM) recommends that preventive interventions go through a set of pre-trial stages of intervention development and formative research to increase their likelihood of success (Mrazek & Haggerty, 1994). It bears noting that the Ready, Set, Parent!: Infants and Toddlers series is the first phase of many efforts along a trajectory of parent engagement for EPIC. Using research to better define

and tailor an initial supportive and educational series around building parental self-efficacy allows more successful engagement of parents throughout their child's life, at home and school.

METHOD

Sample

The Ready, Set, Parent!: Infants and Toddlers program provides services to parents recognized as having potential for parenting problems based on identified risk factors. These factors include, but are not limited to, low birth weight of the infant, living below the federal poverty line (FPL), less than a high school education, residing in communities with limited resources, exposure to neighborhood crime and violence, and having been in recent trouble with the law. Parents were recruited for the workshops over a period of three years through mailed flyers or room visits in the hospital following the delivery of their child. In addition, some parents were referred by the courts. Parents were recruited from a large metropolitan city in Western New York and the surrounding suburban and rural areas.

The total sample included 543 individuals (see Table 1). A subsample of 129 individuals completed the original workshop series and responded to a mailed request for follow-up six months after completing the workshop series, referred to as the follow-up sample. In addition, a comparison group ($n = 70$) was derived from a list of those who received a room visit in the hospital following the delivery of their infant but who did not participate in the Infants and Toddlers program.

Procedures

The purpose of this study was to evaluate the Infants and Toddlers program procedures and outcomes in an effort to refine the methodology for a randomized control trial. As a community born and facilitated program, parent participants were not randomly assigned. Following recruitment, parents contacted the program coordinator to register for the workshop series. Participants were given an option as to where to attend the workshop series. Locations that hosted the workshop series included area hospitals, transitional housing sites, maternity stores, and community human service organizations.

At the first session, prior to workshop participation, parents were asked to complete a consent form, an extensive demographic questionnaire regarding themselves and their child, a baseline measure of family reading and literacy activities, and the Maternal Self-Efficacy Scale (MSES). Ready, Set, Parent!: Infants and Toddlers consists of 10 scripted workshops, eight of which were co-facilitated by trained facilitators who had completed intensive

TABLE 1 Demographics

Characteristics	Preworkshop (<i>n</i> = 543) %	Follow-up (<i>n</i> = 129) %	Comparison (<i>n</i> = 70) %
Gender ^a			
Female	84.6	94.6	88.6
Male	15.4	5.4	10.0
Age, years ^a	25.5 (<i>SD</i> = 9.368)	29.9 (<i>SD</i> = 8.952)	29.8 (<i>SD</i> = 5.210)
Race/ethnicity ^a			
African American	32.6	22.7	15.2
White	49.4	65.6	72.7
Hispanic/Latino	10.0	7.0	7.6
Asian	0.9	0.0	3.0
Other	7.3	4.7	1.5
Education ^{a,b}			
Below high school	26.1	22.0	4.3
High school/General Equivalency Diploma	33.5	30.9	20.0
Above high school	40.3	47.2	75.7
Women, Infants, & Children program participation (food stamps) ^b			
Yes	62.1	55.5	34.3
No	37.9	44.5	64.3
Parenting status ^{a,b}			
Single parent	52.8	44.0	15.9
Coparenting	47.2	56.0	84.1
Pregnancy ^{a,b}			
Planned	30.2	40.3	60.3
A surprise	55.2	49.2	38.2
Not applicable	14.7	10.5	1.5
Parent with physical disability			
Yes	15.0	16.0	5.8
No	85.0	84.0	94.2
Parent with mental illness ^b			
Yes	24.5	28.9	11.6
No	75.5	71.1	88.4
Recently in trouble with the law ^b			
Yes	23.7	17.6	1.4
No	76.3	82.4	98.6

^aStatistically significant difference between preworkshop sample and follow-up. ^bStatistically significant difference between follow-up and comparison.

two day trainings organized by EPIC. Pediatricians facilitated two of the 10 sessions, titled Dr. Talks. These sessions allowed parents the opportunity to ask questions directly of the health care provider. Parents were asked to complete session specific measures of knowledge and perception of utility of the information provided following each workshop with the exception of the Dr. Talks. The number of sessions attended varied by participant, with a range of one to seven completed sessions.

Six months following the completion of the workshop series, parents were mailed a packet, which was comprised of the extensive demographic

questionnaire regarding themselves and their child, measures of family reading and literacy activities, and the Maternal Self-Efficacy Scale (MSES). Parents were given a nominal gift card for a local grocer upon receipt of the completed follow-up packet.

Program Description

Ready, Set, Parent!: Infants and Toddlers is unique among parenting programs due to its focus on prevention and through the utilization of an active learning approach to education as well as its theoretical foundation in the role of self-efficacy and parenting behavior. As mentioned above, existing parenting education programs are reactionary in nature. The Infants and Toddlers program strives to preclude behavioral issues and or school related issues by educating and supporting parents through the critical and formative infant and toddler years, helping to lay the foundation for positive, responsive parent-child relationships. The active learning approach engages parents in discussion with peers and experts around parenting, encouraging parents to develop strategies applicable to their needs and those of their child. One of the goals in utilizing an active learning approach is to foster social support through establishing a mutual self-help dynamic (Falconer, 2006), allowing parents to learn from one another's experiences in addition to improving their knowledge and attitudes about parenting and child development.

The Infants and Toddlers series is led by trained facilitators that attend a two-day intensive training and it includes workshops focused on a variety of topics. Each week of the series focused on a specific topic related to parenting. The focus of session discussion was guided by the perceived needs of the group. The title and brief description of the each of session topics are as follows:

- Session 1: Knowing yourself as a parent: What it means to be a good parent.
- Session 2: Tuning-in to your child: Understanding and responding appropriately to the needs of your child.
- Session 3: Fostering self-esteem: The role of self-esteem in healthy development and how to help build your child's self-esteem.
- Session 4: Helping your child to cope: Modeling positive coping and reading signs of stress in your child.
- Session 5: Setting limits: The importance of developing and implementing boundaries for healthy child development.
- Session 6: Building independence: How to foster creativity, confidence, and ability to make decisions in your child.
- Session 7: Learning to talk: The role of interaction and reading in development of language.

- Session 8: Establishing routines: Benefits of consistency and predictability for child development.
- Session 9: Learning through play: The importance of play in physical, emotional, and intellectual development.
- Session 10: Promoting literacy in your child: The role of early literacy activities in developing reading skills.

Measures

MATERNAL SELF-EFFICACY SCALE (MSES)

The Maternal Self-Efficacy Scale (Teti & Gelfand, 1991) assesses perceptions of effectiveness in the parenting role. Parental self-efficacy and parenting competence are positively associated when parental knowledge of development is high (Hess, Teti & Hussey-Gardner, 2004). A number of studies have found that parental stress and depression are negatively associated with the parents' perceived feelings of competence in the parenting role (Kuhn & Carter, 2006, Jackson & Huang, 2000). The authors (Teti & Gelfand, 1991) report that the scale is reliable, with a Cronbach's alpha of 0.79. The scale also proved reliable within this sample, with a Cronbach's alpha of 0.88.

In an effort to gauge the impact of the Infants and Toddlers program on frequency of parent-child interactions and literacy activities, the EPIC research team devised a series of questions. Parents were asked to rate how often they interact with their child on a scale of 0-10, with 0 indicating "Not very often" and 10 indicating "Very often". Similarly, two questions specifically measuring average time spent engaging with their child around literacy were also used as outcome measures. Parents were given five options to choose from ranging from less than 10 minutes a day to 60 minutes a day or more. The first question asks the parent to rate the amount of minutes they spend daily reading with their child. The second question asks parents to estimate the amount of time they spend daily on family literacy activities such as talking with their child, telling stories, or reading to their child. These three questions were only asked of those who attended the workshop series to provide a pre and post measure.

Data Analysis

Initial analyses consisted of descriptive statistics, using frequencies, and histograms to identify response patterns. For purposes of determining whether the individuals with no follow-up differed from those with follow-up, we used t-tests for continuous items and Chi-Square analyses for the categorical measures. Likewise, to determine differences on demographic characteristics between the comparison group and the follow-up participants, t-tests were used for continuous measures and Chi-Square analyses for the categorical measures. Baseline-follow-up differences were analyzed using repeated

measures ANOVAs. Differences between the comparison group and the participants who were followed up were evaluated using t-tests.

RESULTS

Demographics: Preworkshop and Follow-up

There were multiple significant differences between the individuals who completed the follow-up and those who did not (see Table 1). Relative to those who did not complete the follow-up survey, those who completed the follow-up were more likely to be older, $t(528) = 4.760$, $p < .000$; to be female, χ^2 ($df = 1$, $n = 538$) = 13.008, $p < .000$; to identify as Caucasian, χ^2 ($df = 3$, $n = 530$) = 20.218, $p = .003$; to be more educated, χ^2 ($df = 4$, $n = 505$) = 17.605, $p = .001$; to have a planned pregnancy, χ^2 ($df = 2$, $n = 504$) = 8.669, $p = .013$; and to be less likely to be a single parent χ^2 ($df = 1$, $n = 508$) = 5.100, $p = .024$.

Outcome Comparison: Preworkshop and Follow-up

Repeated Measures ANOVAs revealed significant differences between the pre-workshop (baseline) and the follow-up ratings for frequency of interaction with the child, $F(1,145) = 9.39$ $p = .003$ and estimated time spent reading with child, $F(1,145) = 5.77$, $p = .018$ (see Table 2).

There were also significant differences on multiple items of the MSES (see Table 3). Significant differences were found for soothing their child, $F(1, 118) = 7.13$, $p = .009$; understanding their child's needs, $F(1, 121) = 10.78$, $p = .001$; getting their child to have fun, $F(1, 118) = 5.63$, $p = .019$; knowing what activities their child will enjoy, $F(1,118) = 20.05$, $p < .000$; keeping their child occupied, $F(1,118) = 8.56$, $p = .004$; feeding, bathing, and changing their child, $F(1,118) = 8.53$, $p = .004$; getting their child to show off, $F(1,114) = 4.85$, $p = .030$; and overall parenting $F(1,119) = 18.31$, $p < .000$.

TABLE 2 Pre-workshop and Follow-up Comparison for Parent–Child Interaction Questions

Item	Preworkshop	Follow-up
How often do you interact with your child?	8.621 (2.199)	9.205 (1.517)*
Please estimate about how many minutes a day (on average) you spend on reading with your child?	2.566 (1.195)	2.848 (1.050)*
Please estimate about how many minutes a day (on average) you spend on family literacy activities with your child (e.g., talking with your baby at home or at the store, reading to them, telling stories, etc.)?	3.966 (1.357)	4.156 (1.231)

* $p \leq .05$. Statistically significant difference between preworkshop and follow-up group.

TABLE 3 Maternal Self-Efficacy Scale (MSES) Preworkshop and Follow-up

Item	Preworkshop	Follow-up
Soothing child	3.513 (.649)	3.689 (.483)*
Understanding child's needs	3.623 (.594)	3.811 (.393)*
Making your child do what you want	3.259 (.661)	3.250 (.603)
Getting child to pay attention	3.415 (.696)	3.49 (.637)
Getting child to have fun with you	3.79 (.429)	3.899 (.302)*
Knowing activities	3.538 (.754)	3.815 (.390)*
Keeping your child occupied	3.084 (.754)	3.303 (.645)*
Feeding, bathing, and changing or potty training	3.622 (.611)	3.798 (.403)*
Getting your child to show off	3.217 (.673)	3.383 (.571)*
General parenting	3.442 (.742)	3.708 (.525)*

* $p \leq .05$. Statistically significant difference between preworkshop and follow-up group.

Demographics: Follow-up and Comparison Group

The parents in the Comparison group were compared with those in the follow-up sample, as the comparison data only encompassed post data. Overall, the parents in the comparison sample appeared to be less at risk, as indicated by higher levels of education, χ^2 ($df = 4$, $n = 202$) = 15.555, $p = .004$; more likely to have had a planned pregnancy, χ^2 ($df = 2$, $n = 160$) = 11.201, $p = .004$; to co-parent, χ^2 ($df = 1$, $n = 201$) = 20.516, $p < .000$; and less likely to have a mental illness, χ^2 ($df = 1$, $n = 164$) = 5.389, $p = .029$; to utilize WIC, χ^2 ($df = 1$, $n = 204$) = 14.600, $p = .001$; or to have been in recent trouble with the law, χ^2 ($df = 1$, $n = 201$) = 5.502, $p = .022$ (see Table 1).

Outcome Comparison: Follow-up and Comparison Group

In comparing the follow-up group, little difference was detected in parenting self-efficacy, with the exception of knowing what activities their child will enjoy, $F(10,190) = 5.595$, $p = .091$, where the intervention group showed higher ratings than the comparison group (see Table 4).

TABLE 4 Maternal Self-Efficacy Scale (MSES) Follow-up and Comparison Group

Item	Follow-up	Comparison
Soothing child	3.689 (.483)	3.739 (.474)
Understanding child's needs	3.811 (.393)	3.797 (.472)
Making your child do what you want	3.250 (.603)	3.362 (.542)
Getting child to pay attention	3.49 (.637)	3.638 (.514)
Getting child to have fun with you	3.899 (.302)	3.928 (.312)
Knowing activities	3.815 (.390)	3.681 (.528)*
Keeping your child occupied	3.303 (.645)	3.333 (.679)
Feeding, bathing, and changing or potty training	3.798 (.403)	3.754 (.434)
Getting your child to show off	3.383 (.571)	3.420 (.651)
General parenting	3.708 (.525)	3.710 (.457)

* $p \leq .05$. Statistically significant difference between follow-up and comparison.

DISCUSSION

Parents who participated in the workshops were generally of lower socioeconomic status and had a greater number of risk factors such as fewer years of formal education, more exposure to neighborhood crime and violence, and less family cohesion than those in the comparison group. Despite these significant differences in demographic composition, the results of this study suggest that the Infants and Toddlers program has a positive impact on parent–child interactions and parenting self-efficacy. A significant increase was noted from pre-workshop to follow-up in both the time spent interacting and reading with the child. Additionally, significant improvement was detected on multiple facets of parenting self-efficacy between pre-workshop and follow-up.

Another indication of the positive impact of the program was noted in comparing the follow-up group (those who responded to the request for follow-up upon completion of the workshop series) and those in the comparison group (those who were informed of the series but who opted not to participate). Although both groups' scores were in the higher range, parents who completed the Infants and Toddlers workshop series, despite significantly fewer social supports as indicated by limited family cohesion and a higher proportion of risk factors, fared as well as those in the comparison group with regard to parenting self-efficacy. Self-efficacy is a crucial element of the change process. If an individual feels that they are capable of change, change is more likely to occur (Bandura, 1977). Parents with higher parental self-efficacy report higher satisfaction in their parenting role, (Hudson, Eleck & Fleck, 2001; Sanders & Woolley, 2005).

Interestingly, parents in the comparison group scored significantly lower than the parents who completed the Infants and Toddlers program (follow-up) when asked if they knew which activities their child would enjoy. This would suggest that parents in the Infants and Toddlers program felt better prepared to interact with their child on an age appropriate level; potentially a skill they garnered over the course of the workshop series.

Overall, parents who completed the workshop showed improvement in their confidence as a parent, which may have subsequently increased the amount of time they spent interacting with their child as well as the quality of those interactions. This harkens back to the notion that responsive parenting begets positive and developmentally appropriate responses from the child which in turn fuels more responsive parenting (Lugo-Gil & Tamis-LeMonda, 2008). These positive parent–child interactions have been found to impact a child's overall development (Bornstein & Tamis-LeMonda, 1989) and decrease the likelihood of maltreatment (Caselles & Milner, 2000).

Limitations

The findings of this study should be interpreted in light of its limitations. As a community devised and implemented program, there are some concerns around recruitment, sampling and program fidelity. Parents were recruited in one of three ways, via mailed flyer, a hospital room visit following delivery of their newborn by a program facilitator, or referred by the court system. In all instances, parents self selected to register and attend the workshop series. Information was not obtained as to how parents were recruited to the study, leaving room for interpretation as to how their recruitment status impacted their outcomes. However, there is literature which suggests that recruitment status (court referred vs. non-court referred) has little bearing on treatment outcomes (Tutty, Babins-Wagner, & Rothman, 2009; Walker, Cole, & Logan, 2008; Rosenbaum, Gearan, & Ondovic, 2001).

Given the recruitment strategies employed and the purpose of the Infants and Toddlers program in reaching members of the community most in need, randomization of the sample was not feasible. Although participants were not randomized into a treatment or control group, the targeted population, those with a greater number of risk factors and lower social supports were reached. This is most clearly evidenced by the contrast in demographic characteristics of the pre-workshop and comparison group. Despite recruiting the families at greater risk to attend the workshop series, follow-up proved difficult, illustrated by significant differences in demographic composition between the pre-workshop and follow-up group. These differences would suggest that those in the follow-up group may be more stable in terms of their sociodemographics. Further research is needed to investigate methods of retaining individuals and families at greatest risk.

Lack of random sampling may have consequence in interpreting the comparison group data. The comparison group was comprised of parents who were provided information regarding the program but who did not elect to participate. Given the comparison groups' higher degree of resources and fewer risk factors, it can be argued that parents in this group were not a fair or appropriate sample to utilize in reference to those who chose to participate in the Infants and Toddlers workshops. Although demographically speaking the two groups are significantly different, with regard to parenting self-efficacy they are comparable. This would suggest that parenting self-efficacy may be a more powerful indicator of quality parenting than socioeconomic factors.

Program fidelity may also be perceived as a limitation of this study. Program facilitators were intensively trained by EPIC program managers and provided a detailed program manual to follow, however, fidelity to the scripted manual and consistency in information provided within each session was not measured. In response to this limitation, EPIC has since instituted random observations of the facilitators during workshops. These random

observations will help to ensure reliability of the program content delivered. In addition, EPIC has incorporated knowledge questions specific to the prescribed content of the session for the parents to complete immediately following each workshop.

CONCLUSIONS

The Infants and Toddlers program, with its unique prevention-focused approach to parent education around Infants and Toddlers, appears to improve the self-efficacy of the parent participants. Parents in the Infants and Toddlers group indicated a greater number of risk factors than those in the comparison group, however it appears that the skills and knowledge addressed in the workshops may aid parents in minimizing the impact of their “disadvantage.” An increase in knowledge and skills around parenting infants and toddler may foster more responsive and supportive parenting which in turn promotes healthy child development.

Generally speaking, there are a rather finite number of evidence based social work practices and an even smaller number of empirically supported interventions utilized within the profession (Kirk & Reid, 2002). Thyer (2008) suggests that there is a critical need for less explanatory or non-experimental research and more empirical trials of both long-standing and innovative interventions.

This study illuminates the potential of prevention-focused parenting education for parents of infants and toddlers in fostering healthy, supportive parenting and preventing child maltreatment. It can be argued that this simple, yet informative pre-post design was appropriate given the infancy of the program (Mrazek & Haggerty, 1994). This was a first of many steps in the development of a best practice, which would most appropriately be explored through a true efficacy design. The promising outcomes of this community-born and facilitated program warrant further investigation. This study can act as a springboard, fueling movement from a fundamental pre-post research design toward rigorous experimental study, with the goal of defining an evidence-based best practice for parenting education through a randomized control trial.

The current study suggests a number of recommendations for the construction of a true experimental/efficacy trial, particularly the need for random sampling that includes a treatment as usual group and an experimental group, removing all together the retrospective control group. Given the increased risk factors experienced by the target population for this program, considerable effort would need to be made to recruit and retain participants in the original workshop series. The provision of direct incentives for weekly participation, the provision of transportation assistance, and on-site child care may improve recruitment and retention of parents in

the original workshop series. In addition, given the transient nature of individuals who experience a greater number of risk factors, a more comprehensive database of contact information that includes information regarding alternative contact names and addresses of family members may improve retention longitudinally.

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