Evidence-Based Principles for Choosing Programs To Serve Parents in the Child Welfare System

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Summarized here as criteria and questions to ask when choosing a program, the research evidence about services to parents in the child welfare system reveals three core principles: the parenting program fits the child welfare system, demonstrates specific accountability, and supports parental efficacy through engagement, empowerment, and leadership.

Keywords: child maltreatment, child welfare, evidence based practice, parent leadership, parenting

INTRODUCTION

This article summarizes principles for practice extracted from a close reading of findings from research studies about services with parents who are in the child welfare system because their children have been maltreated or are at risk of harm. The parents often enter the system with a host of challenging conditions that include problems that are personal (e.g., mental health or physical health conditions, addiction, cognitive impairment), social (e.g., intimate partner violence), economic (e.g., poverty, housing, employment problems), legal (e.g., civil or criminal, immigration), or other. Parents from nonwhite racial, ethnic, and cultural groups that have experienced historical oppression are disproportionately in the system. Together with the parent, the child welfare and other service workers often struggle to mobilize available and accessible resources that can most effectively help the parent and their social networks change in ways that create safe, stable, and nurturing environments for healthy child and family development.

Parents in the child welfare system and their families are often known to many health, human services, education, and legal organizations. Clearly, professionals in a variety of settings will interact with parents and may make strategic recommendations regarding parenting programs or directly provide such programs. While the child welfare worker has the mandate to refer parents to appropriate services and will likely take the lead on a plan of care, "system" families are surrounded by a larger community team that can contribute to these important decisions for referrals. Within their own organizations and in community collaborations, administrators make critical decisions on the best use of their financial and human resources to meet community needs. As many states consider and implement public-private partnerships for child welfare services, including investigations and foster care, the broader community context for administrative oversight and service delivery becomes more salient than in the past. To address the complex issues confronting parents whose

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children have been harmed or at risk of harm, administrators—directors, managers, supervisors—need tools to facilitate judicious and efficient decision making about how to channel scarce agency and community resources into parenting programs that are likely to achieve intended effects.

Although research about effective practice with parents in the child welfare system is limited, increasing evidence is emerging about what works. Planners and administrators in a variety of organizations are likely to browse websites about evidence-based practices, attend training events, and read published articles and technical reports to discern how best to channel scarce agency and community resources into parenting programs. Although precise figures are unavailable, substantial resources are invested into testing and delivering various interventions. Administrators responsible for getting to positive outcomes with parents need more than lists and ratings from which to pluck a potentially effective program. They need information about whether programs will meet organizational (including workers' and parents') needs, fit local conditions, and respect cultural traditions (Littell & Shlonsky, 2010; Scotts & Dadds, 2009; Wells, Merrit, & Briggs, 2009). They also need greater clarity about the benefits, including financial gains, of evidence-based practices and support in overcoming resistance to innovation (Horwitz, Chamberlain, Landsverk, & Mullican, 2010; Yunong & Fengzhi, 2009). The principles identified here are offered as an additional tool for use in system planning.

In this review we closely examined the findings and discussions in research studies about services to parents in the child welfare system and identified themes that cut across studies, models, and target populations. What emerged was a list of factors associated with practices that yielded positive effects. When the findings were charted and coded, they clustered into three general categories that can be regarded as principles for practice: the parenting program fits the child welfare system, the parenting program can routinely demonstrate accountability, and the parenting program supports parental efficacy through engagement, empowerment, and leadership. The resulting list of criteria for program selection may serve as a model for administrators in other fields who need practical tools to expedite decision making about evidence-based practice.

METHOD: SELECTING STUDIES FOR REVIEW

The authors examined peer-reviewed publications of studies about services to parents in families that have risk conditions or have already demonstrated serious problems, including abuse or neglect in any of its forms (physical abuse, physical neglect, medical neglect, sexual abuse, and psychological abuse or neglect). The review focused on scientifically sound research findings, though no rigorous randomized experimental studies of programs for parents in child welfare populations could be found (Barth, 2009; Barth et al., 2005). Barth and Haskins (2009) propose a design for testing community-based parent-training initiatives. Until such studies are done, administrators and workers need to apply available information with awareness that absence of or insufficient research does not mean a practice is ineffective, but adopting it does involve risk of inadequate results. What follows is based on a careful analyzed literature review.

This review addresses services for *parents*. The authors selected articles that defined parent as a biological or adoptive parent, stepparent, grandparent, kinship care provider, or other familial caregiver for children from birth through age 17. Many other people may be involved in caring for children, but the focus here is on the child's family of origin and thus does not include specialized programs for foster parents or nonfamilial caregivers.

The scientific, professional, and popular knowledge base contains thousands of reports and books about practices that aim to promote effective parenting and caregiving for children. Our task began with sorting through the information to identify those practices for which valid and reliable evidence exists to show that genuine positive change actually does occur. Priority was placed on studies with scientific rigor, including quasi-experimental and controlled signs and those that had

been published after peer review. The California Evidence-Based Clearinghouse for Child Welfare (CEBC, 2011) adapted the Institute of Medicine (IOM, 2001) definition of "evidence-based practice" to include these three factors: best research evidence, best clinical experience, and consistency with family/client values.

With these factors in mind, the authors searched multiple databases including PsycInfo, Google Scholar, Child Welfare Information Gateway, National Registry of Evidence-based Programs and Practices (NREPP) of SAMSHA, and the Substance Abuse and Mental Health Administration of the U. S. Department of Health and Human Services. The search terms included "parent" with "education," "support," "training," "behavior," "skills," and "child welfare." One study led to another as reference lists were pursued.

As studies were found, abstracts were read to screen studies for review. Inclusion criteria were those studies that:

- Involved parents alone, parents and children, or family systems, but not children alone;
- Involved custodial parents (even if their children were temporarily removed into foster care; this means noncustodial fatherhood programs were excluded);
- Clearly defined the practice under study;
- Clearly specified outcomes for parents, children, and/or family systems;
- Clearly described the study design (it could be qualitative, quantitative, or mixed);
- Included parents of children ages birth-17; and
- Included parents or families with characteristics like those of parents in the child welfare system, which were excessive stress (e.g., economic, relocation, blended family, separation, divorce); child abuse and/or neglect; serious mental illness; alcohol or other drug abuse; intimate partner violence; chronic physical disability or illness; custodial parent relating to noncustodial parent due to divorce, separation, or never married; and incarceration.

Studies were excluded if the focus was parents who were not in the child welfare system and needed assistance primarily because they manage particular conditions such as children with disabilities, children with specific learning challenges or intellectual impairment, children who are delinquent or incarcerated, and children who are pregnant or raising children. Also excluded were programs that focus on parents whose primary problem is that they have sexually abused their children and the criminal justice system is involved, parents with special needs, psychotherapy with parents, and parenting programs that have not been implemented with populations typical of those who receive child welfare services.

While the authors are cognizant that all parents need help at times, this review does not focus on primary prevention (universal services to all families regardless of need). A distressing observation is that community-based programs that exist for primary prevention with low-risk populations may not be highly effective with parents who have high levels of risk for child maltreatment (Casanueva et al., 2008; Chaffin, Bonner & Hill, 2001; Dore & Lee, 1999; Toth & Cicchetti, 2006).

In 2006 the Center for Social Services Research at UC-Berkley offered a detailed list of critical factors for program administrators to consider when selecting parenting programs for child welfare service programs, such as target population, program content, relevance to parents in the child welfare system, outcome evidence, and costs (Johnson et al., 2006). Our review confirmed many of the factors and found others, as noted below.

PRINCIPLES TO PROMOTE SERVICES FOR PARENTS OF CHILDREN IN THE CHILD WELFARE SYSTEM

Intervention with parents who are at risk of perpetrating child abuse or neglect may involve provision of direct parenting services by the child welfare worker and/or referral to community resources. The

terms used here are a) "child welfare worker," referring to the party responsible for planning and monitoring a parent's development while in the system, and b) "parenting services provider," or "provider," who delivers specialized services to the parent. The provider may be based in the child welfare agency or with another community resource.

The focus here is on factors to consider when choosing a parenting program for parents in the child welfare system. Table 1 summarizes the three overarching principles: fit, accountability, and parental efficacy. Listed with each principle is a series of questions that contain criteria associated with findings of effectiveness (i.e., positive parental change) in the reviewed research literature. Following the table is a list, based in the review, of the particular programs associated with positive effects for parents in the child welfare system.

PRINCIPLE I—FIT: THE PARENTING PROGRAM FITS THE CHILD WELFARE SYSTEM

The four criteria that demonstrate fit concern attributes of the parenting program and providers (I-A), cultural relevance, competence, and accessibility (I-B), fidelity of the program to the evidence-based model (I-C), and the quality of the child welfare service-parenting program provider partnership (I-D) (references are on the table).

Researchers reporting about effective programs note that the providers must demonstrate competence in delivering services relevant to the complex needs of parents in the child welfare system. The focus should be on strengthening the family with clear effects. The providers must be able to respond to the diverse assets and needs of the parents and assure that services are accessible. If providers specialize in work with particular groups (e.g., first-time parents or Spanish-speaking parents), criteria for inclusion should be clearly specified.

The provider should demonstrate that the actual program delivery is accurate and each provider is competent. Together, the provider and child welfare worker should assure that the particular parents are appropriate for the program for program implementation. Administrators must assure collaboration and administrative support for the parenting services.

Principle II—Accountability: The Child Welfare Services System Can Demonstrate the Effects of Parenting Services

The wording of this principle acknowledges that, even though a party outside the child welfare system may provide parenting services, accountability for parental progress still resides with the system for the sake of the child. A carefully sustained collaboration of child welfare worker, parent, and parenting services provider is the key to accountability. The three criteria that indicate this principle are child welfare worker preparation for monitoring parenting services (II-A) and child welfare case planning for (II-B) and monitoring of (II-C) parenting services. In order to understand the needs of the parent and the capacity of the parenting services provider, the worker must have solid understanding of human development, parenting, and the particular parenting program. Together, the worker, parent, and provider must craft a plan that lays a foundation for realistic and appropriate outcome attainment. The provider must demonstrate continual competence as the worker, with the parent, monitors plan progress.

Principle III—Parental Efficacy: The Parenting Program Supports Parental Engagement, Empowerment, and Leadership

Criteria that indicate the program is helping parents to strengthen their capacity to nurture their children over the long term include supportive worker-parent relationship (III-A), the program's

TABLE 1
Criteria to Consider in Choosing Services for Parents in the Child Welfare System

Principle I–Fit: The parenting program fits the child welfare system

Criteria I-A: Attributes of parenting program providers
Key sources: Johnson et al., 2006; Sanders, 2003

Relevance	✓ Is the program content relevant to the child welfare system's goals?
	✓ Does the program address known risk factors?
	✓ Is the theory behind the program scientifically valid with reviews by multiple experts?
Capacity for complexity	✓ Can the program be delivered in combination with other interventions when parents have complex issues such as serious mental illness, intellectual impairment, or learning difficulties?
Family strengthening	✓ Does the program focus on child and parent?
	✓ Do the parenting interventions empower families and build on the family's existing strengths and competencies?
Effect	✓ Has the program been demonstrated to be effective with participants such as those in the child welfare system's parent population?
	✓ How strong is the outcome evidence? Is it worth the cost?
Competence	✓ Are the providers of parenting services well qualified, demonstrating knowledge about family dynamics, human development (psychopathology); skills in behavior, cognition, and attitude change; and interpersonal warmth and communication competence?
	✓ Are the providers able to form therapeutic relationships with the parents, given their unique characteristics?

Criteria I-B: Cultural relevance, competence, and accessibility
Primary sources: Bell, Wells, & Merritt, 2009; Daro, McCurdy, & Nelson, 2005; Gerberding et al., 2008; Ho, Bluestein, & Jenkins, 2008; Wells, Merritt, & Briggs, 2009

Cultural responsiveness	✓ Can providers demonstrate the program can be delivered with cultural sensitivity and relevance with regard to mental or physical disability, gender, age, generation, race/ethnicity, SES, literacy, language, sexual orientation, intellectual capacity, educational level, custodial status as a parent, military status, gang affiliation, or other relevant factors in the community?
	✓ If the program cannot serve certain groups, are clear criteria established for appropriate inclusion?
Cultural competence	✓ Can providers specify a model for promoting cultural competence, such as the principles offered by Bell et al. (2009), i.e., rebuilding/supporting the village; providing access to health care; improving bonding, attachment, and connectedness; improving self-esteem; increasing social skills of target recipients; reestablishing/strengthening the adult protective shield; and minimizing residual effects of trauma?
Accessibility	✓ Can the program facilitate access (e.g., flexible hours, location, transportation, interpretation)?

Criteria I-C: Fidelity of the program to the evidence-based model
Primary source: Eames et al., 2009; Johnson et al., 2006

Accuracy	✓ Can the providers demonstrate accurate fidelity to the model, without modifying components?
Competence	✓ Are the providers specifically trained and supervised in the model?
Participant characteristics	✓ Given specific characteristics of the parent participants, can fidelity be assured (consider, e.g., developmental stage of child and/or parent, substance use, intimate partner violence, voluntary or involuntary participation, culture/ethnicity, participation in other services)?

TABLE 1
(*Continued*)

Principle I–Fit: The parenting program fits the child welfare system

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| Service system characteristics | ✓ Will such factors as location, hours, organizational context, personnel policies, funding, and transportation support fidelity? |

Criteria I-D: Child welfare service-parenting program provider partnership
Primary source: Thomlison, 2003

| Collaboration | ✓ Can the child welfare and parenting providers form a close collaboration? |
| Administrative support | ✓ Do parenting program and child welfare administrators demonstrate strong support for the partnership? |

Principle II–Accountability: The child welfare services provider can demonstrate the effects of parenting services

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Criteria II-A: Child welfare worker preparation for monitoring parenting services
Primary sources: Aarons & Palinkas, 2007; Heath, 2006

Knowledge of human development and parenting	✓ Can child welfare workers demonstrate basic understanding of how parents can provide nurture and behave responsibly throughout their children's development?
	✓ Can they show a related understanding of holistic (physical, emotional, cognitive, social, moral, spiritual) human development through the various stages of pregnancy, infancy, early childhood, school age, and adolescence?
	✓ Can they describe effective parenting processes, including components of the parenting role, parental influence on child development, and parent responsibility?
Knowledge of the parenting program	✓ Can the child welfare workers demonstrate solid understanding of the parenting services to be delivered?

Criteria II-B: Child welfare case planning for parenting services
Primary sources: Bakermans-Kranenburg, van Ijzendoorn, & Bradley, 2005; Barth et al., 2005; Smith, 2008

Worker-parent partnership	✓ Can the workers reflect understanding of the parents' point of view?
	✓ Can the workers, with parents, develop plans that cover:
	• Carefully assessed parental needs and assets?
	• A few manageable, specific, time-limited behavioral goals?
	• Outcome indicators for assessing the parent's behavioral change?
Worker-provider planning	✓ Can the child welfare workers assess the intended outcomes of local parenting programs, measure change in child status as well as parent status, and determine that the provider of the parenting program is qualified to assess outcome indicators?
	✓ Given that parents have multiple demands in their lives, does the plan allow adequate time for change (not too short, not too long)?

Criteria II-C: Child welfare system monitoring of parenting services
Primary sources: Bryan, DeBord, Schrader, 2006; Cooke, 2006; Daro, McCurdy, & Nelson, 2005; McCurdy & Daro, 2001; Fox, Duffy & Keller, 2004; Stern, Alaggia, Watson, & Morton, 2008

Close monitoring	✓ Can the child welfare workers maintain close contact with the parent and the parenting program providers to monitor parental change, keeping in mind that simple program participation is not an effective indicator of parental behavior change?
	✓ Can the workers assure that the actual provider in each case has appropriate skills?
	✓ Do the actual providers of parent services consistently have clear job descriptions and credentials to demonstrate mastery of competence, e.g., licensed professional or a certified paraprofessional with up-to-date expertise in parent education and/or support?
Implementation	✓ Does the parenting program get implemented as intended?
	✓ Can the provider demonstrate being open and empathic, able to balance parents' perspectives and the program's structure and objectives?

TABLE 1
(*Continued*)

Principle III–Parental efficacy: The parenting program supports parental engagement, empowerment, and leadership

Criteria III-A: Supportive worker-parent relationship
Primary sources: Altman, 2008; Carroll, Libby, Sheehan, & Hyland, 2001; Forrester, McCambridge, Waissbein, & Rollnick, 2006; Gockel, Russell, & Harris, 2008; Mullins, Suarez, Onderoma, & Page, 2004

Personal qualities of workers	✓ Can child welfare workers and parenting program providers demonstrate qualities such as warmth, withholding judgment, understanding the parent's unique needs, being flexible, focusing on parent's strengths, and treating the parent with integrity and respect?
Communication skills	✓ Can the workers demonstrate communication abilities that are clear and straightforward and express empathy, promote hope, and show respect for cultural differences?
Relational skills	✓ When child welfare workers and parenting providers initiate relations with parents, do they start with early, responsive, structured outreach as a foundation for an alliance?
	✓ Can the workers help the parents acknowledge their situation so that they are aware of and accept responsibility?
	✓ Are the workers skilled in ways to support the parent's motivation (including compliance with plan and desire for change)? Can the worker be persistent while helping to move plan achievement forward in a timely manner?

Criteria III-B: Holistic focus on the parent
Primary sources: Chaffin, Silovsky, et al., 2004; Daro, McCurdy, & Nelson, 2005; Nock and Kazdin, 2005; Russell, Gockel, & Harris, 2007

Comprehensive family care	✓ Do the child welfare agency and the parenting service provider have organizational cultures that are inclusive and family centered, so that services are available when needed, responsive to particular needs, and based on continuity of care?
Relevance to participating parents	✓ Does the program focus on the parent's needs as well as the child's?
	✓ Can the program attend to the developmental needs of the parent as the child grows?
Promoting parental motivation	✓ Does the program promote parental engagement by using an orientation program and supporting parents to develop a clear statement of their motivation before active involvement in the parenting program? Do the workers and parents periodically review the parents' motivation for engagement in the program?
Attention to complex parental networks	✓ Can the program help parents with their multiple relations (e.g., parent-worker, parent group, parent-child, parent-to-parent, parent's links to community resources)?
	✓ Can the program mobilize meaningful relationships between the parent and other supportive adults (peers, relatives, volunteers)?
	✓ Does the program highlight processes as well as content?
	✓ Can the program promote social connections with particular attention to the mental health needs of the parents?
Parental empowerment	✓ Does the program support self-efficacy by parents and affirm parental self-worth? ✓ Does the program provide suggestions for parent-child interactions based on the parent's own experience, not directive instruction?
	✓ Does the program empower parents to communicate with community agencies?
	✓ Does the program promote the parents' capacity as a leader in his/her family and community?

Criteria III-C: Capacity to serve parents who need exceptional support
Primary source: Kemp, Marcenko, Hoagwood, &Vesneski, 2009

Complexity	✓ Can the program support engagement of parents who have multiple needs and trauma or anxiety?

holistic focus on the parent (III-B), and its capacity to serve parents who need exceptional support (III-C). Studies in the research literature suggest that worker characteristics such as warmth, nonjudgmental attitude, direct communication, respect, and optimism make a difference in client outcomes. Workers who demonstrate sensitive relational skills are more likely to help parents accept responsibility and show motivation to engage in parenting services. Many parenting programs aim to help parents affect their children in particular ways, such as promoting their academic achievement or behavioral health, but programs that work for parents at risk of child abuse or neglect focus on the parent's unique (and often complex) needs, too.

Extra effort may be needed to motivate parents for sustained engagement. Programs that promote parental empowerment and self-efficacy are likely to help parents develop competencies that last beyond program involvement in the program. Effective programs can accommodate the fact that a significant number of parents in the child welfare system have histories of anxiety and trauma and associated complex needs.

SUMMARY: PRINCIPLES AND CRITERIA

The research findings suggest that the programmatic criteria above are associated with positive outcomes for parents in the child welfare system. Effective parenting programs fit the child welfare system (fit) and are realized when all parties—parents, workers, and providers—work at demonstrating positive results through parental participation in the parenting services (accountability). Ultimately parents need capacities to protect and nurture their children over the long term, so effective programs engage in special efforts to accommodate their complex and deeply rooted needs (parental efficacy).

In general, interventions designed to fit the particular needs and resources of the parent and are grounded in meaningful worker-parent relationships offer the most promise. This review of research about effective parenting programs suggests that context can critically influence effectiveness. Child welfare administrators can reduce risk of program failure or inefficiencies by attending to these contextual factors.

EFFECTIVE PARENTING SERVICES: AN OVERVIEW OF PROGRAM MODELS

Parenting programs generally aim to influence one or more of the following aspects of parenting: *behavior* (skills such as positive discipline or teaching a child to read), *thinking* (knowledge and beliefs about parents and children), *relationships* (social skills such as communicating and forming bonds), and *feelings* (managing emotions and stress) (Bunting, 2004; Moran, Ghate, & van der Merwe, 2004). Typically, *parent education* refers to knowledge and belief development, *parent training* refers to skills development, and *parent support* refers to reinforcing emotional and social development. Multi-model programs address more than one of these and often also provide concrete aid.

As noted in prior sections, matching a parent's needs and goals for change to the focus of the program is a critical step. Some parents need help in all areas; others may primarily have emotional needs or needs for behavioral skills development.

Each parenting program has a particular delivery method as well as focus. Providers of parenting programs range from trained peers and paraprofessionals to professionals with advanced degrees in fields such as family therapy, social work, or nursing. Programs may be delivered through personalized parental support and skills coaching through home visits or center-based activities. Or they may be delivered in groups such as mutual support groups, education classes, or family groups.

Information may be provided through videos, computer-assisted lessons, workbooks, and a range of educational techniques. Programs may involve the parent and child together, have separate parent and child programs, or focus on just the parent. The delivery may be time-limited (e.g., certain number of sessions) or open-ended (e.g., continuous as long as needed), and frequent (e.g., daily or several times a week) or less often (e.g., weekly or monthly).

General Factors to Consider in Program Selection

Several systematic reviews and meta-analyses (reviews of statistical findings from multiple studies) of parenting programs have produced similar findings about the effects of the programs on parenting behavior, knowledge, and attitudes and on child development (Allin, Wathen, & MacMillan, 2005; Bakermans-Kranenburg, van Ijzendoorn, & Juffer, 2003; Barlow, Johnston, Kendrick, Polnay, & Stewart-Brown, 2006; Besser, Falk, Arias, & Hammond, 2009; Bunting, 2004; Chaffin, Bonner, & Hill, 2001; Horwitz, Chamberlain, Landsverk, & Mullican, 2010; Layzer, Goodson, Bernstein, & Price, 2001; Lundahl, Nimer, & Parsons, 2006; Macmillan et al., 2007; Moran, Ghate, & van der Merwe, 2004; Thomas, et al., 2003). A compilation of the key findings includes:

- Very few well-controlled studies (i.e., random assignment of participants, controlled intervention, monitor change over extended time) have examined parenting programs;
- Studies with adequate designs show that parenting programs can have effects at a level of statistical significance, but the sizes of the effects are generally small;
- The programs with stronger effects tend to target what the parent needs, use professional rather than paraprofessional staff, provide opportunities for peer support and parent group meetings as part of the service, combine parenting programs with early childhood education programs (for parents of young children), and provide longer term services to families with severe needs, including follow-up.

A CDC meta-analysis of parenting programs examined programs that covered these types of content for the purpose of acquiring parenting skills and behaviors: 1) child development knowledge and care; 2) positive interactions with the child; 3) responsiveness, sensitivity, and nurture; 4) emotional communication; 5) disciplinary communication; 6) discipline and behavior management; 7) promoting children's social skills or prosocial behavior; and 8) promoting children's cognitive or academic skills (Besser et al., 2009). This analysis found that these two of the various components were associated with strongest effects:

- **Positive interactions with the child**—program teaches parents to interact with their child during everyday activities, including disciplinary situations. Such programs help parents engage in the child's directed play activities and demonstrate enthusiasm and positive attention.
- **Emotional communication**—program teaches parents skills like active listening, helping children recognize and express their feelings, and reducing negative communication (such as yelling, criticism, and sarcasm).

The CDC study included examination of program delivery methods, including curriculum (manual), modeling, homework, practice of skills with parent trainer, peer, or own child, separate child behavioral instruction, and supportive services. The analysis found strongest effects occurred when **parents practice with their own child during program sessions**. Typically these parent-child interaction programs involve a sequence of activities that include assessing the parent's needs, modeling interactions with the child, coaching the parent-child interaction, having the parent practice at home, and offering feedback about the home sessions' progress.

In a recent review, Richard Barth (2009) observed that few rigorous studies have been done to assess the effectiveness of interventions for the most common parental risk factors for child

maltreatment: substance abuse, mental illness, domestic violence, and parental capacity to respond to child conduct problems. Of the few studies done, demonstrations have shown weak or no effects with regard to child maltreatment prevention. Current programs may be having effects, but until more rigorous research is done no conclusions can be drawn.

Examples of programs that have demonstrated effects on reducing harsh or neglectful parenting behavior are:

- The multi-modal Triple-P (Positive Parenting Program), particularly Level 5, which is for families with multiple problems (Prinz et al., 2009; Sanders, Markie-Dadds, & Turner, 2003);
- Parent Management Training (PMT) (Kazdin, 2005), which helps parents develop positive management of difficult child behavior;
- Parent-Child Interaction Training (PCIT) for parents of young children (2-7) teaches systematic specific changes in the parent-child relationship (Chadwick Center, 2004; Thomas & Zimmer-Gembeck, 2007);
- Incredible Years Parenting Program supplements classroom-based child behavior management, teaching parents to play as well as use positive behavior management (Stern et al., 2008);
- Nurse-Family Partnership Program for first-time parents with children ages 0-2 provides developmental education and models parent-child interaction (Old, Sadler, & Kitzman, 2007);
- Parent-Child Dyadic Intervention particularly addresses emotional interaction and the promotion of attachment, particularly for parents with trauma or other attachment challenges (Bakermans-Kranenburg, van Ijzendoorn, & Juffer, 2003; Cicchetti, Rogosch, & Toth, 2006; Tarabulsy et al., 2008); and
- Peer mutual support groups like Parents Anonymous (National Council on Crime and Delinquency, 2007; Polinsky, et al., 2010) help parents acquire and sustain change over time in their home communities.

As noted earlier, a parent's capacity to benefit from participation in a model program will be affected by the broader context, such as the parent's relationship with the child welfare worker and engagement in the service plan.

CHOOSING AND SUSTAINING EFFECTIVE PROGRAMS

Administrators' selection and monitoring of parenting programs for families with complex needs often occurs in a challenging context. The amount of information available about parenting and parenting programs can be overwhelming. Thousands of websites, books, manuals, and other resources are at hand, accessible with a touch on a computer, though some information sources help by extracting reliable research-based information about parenting and programs (Littell & Schlonsky, 2010). Administrators may operate in environments that are at risk of chaos, with case overloads, understaffing, and insufficient resources. At the service level, work with complex families is fraught with such factors as disputed facts, mandated deadlines, and the need to anticipate future consequences with unreliable predictors (Budd, 2005). Structured tools can be helpful in creating order within chaos and facilitating decision making (Crea, 2010), although reliable use of tools may be problematic (see, e.g., Gillingham & Humphreys, 2010). Studies of child welfare workers have found the workers often use their own personal knowledge rather than research-based knowledge as they make decisions about parents (Woodcock, 2003). Administrators may feel compelled to act similarly, choosing to invest in parenting programs based on minimal information because to venture into the complex information base would be too time-consuming and burdensome.

This article aims to ease the process of program selection. Reviewing the principles and criteria on the table will take administrators' time, but the benefit is in expediting critical thinking about alternative programs. The intended trade-off is that the time invested in careful program selection will be balanced by reduction in the time consumed by poorly resolved cases when parenting programs are only marginally effective or inappropriately delivered. Effective programs are likely to be sustained, and effort invested in the perpetual search for a program that works can be minimized. The goal is more effective, culturally relevant programs for the focus population and community, and thus demonstrable outcomes for parents and their families.

CONCLUSION

More research is needed to discover the most effective ways to help the large number of parents in the child welfare system attain stronger capacities for promoting their children's safety, stability, and nurturance. While research emerges, the existing research literature about factors associated with effective parenting services can be mined for useful principles to guide practice.

Parents involved with the child welfare system present unique challenges to the child welfare worker who must assess their needs and develop a case plan within the context of available community resources. Parenting service is an integral component of that case plan, but many communities do not yet have parenting programs that replicate interventions with strong effects supported by research. Developing resources to support full-scale dissemination of the most effective practices will take time. And more research is needed to test additional programs and develop interventions to optimize effects.

Meanwhile, child welfare and other family services workers, supervisors, and administrators can attend to practice principles grounded in research as they work with parents on case, program, and policy plans. An overarching principle is that the intervention should focus not just on *what* is transmitted to and with parents, but *how* it is transmitted. The quality of the worker-parent relationship affects parent engagement, motivation for change, relevance of planned goals, quality of service delivery, and outcomes. Having parenting services that are culturally relevant and clearly focused on risk and protective factors, facilitated by appropriately qualified providers, and delivered with fidelity to program standards, will maximize family well-being. By applying the promising principles of practice summarized here, the child welfare worker may increase the probability that a parent will connect with, engage in, and benefit from available resources.

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