Exploration of Parenting Curriculum Used in Areas of Child Welfare
with Specific Review of the Nurturing Parent Curriculum.

by

Jessica Lynn Deverman

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ABSTRACT

Within a fifteen-year timeframe from 1985 to 2000, out-of-home placement rates within the United States nearly doubled from 276,000 in 1985 to more than 543,000 children by 2000. From this point, much concentration has been given to examining why this drastic increase occurred and what strategies have been put in place to combat these numbers (Swan & Sylvester, 2006). This research proposal examines the literature looking at the differing methods of program evaluation and views on what constitutes evidence-based research. Within the results of these findings emerge differing views on the Nurturing Parenting program as meeting evidence-based status. The trauma lens is detailed to provide an understanding of the use of trauma informed practices and how the effort to implement resiliency building approaches have been shown throughout history to be pivotal in reducing the effects of trauma. Additionally, client engagement and the benefit from parent education programing was looked at through the idea of dosage, referring to the duration and depth of program participation. Ongoing research is recommended and suggested study parameters outlined to evaluate the effectiveness of the Nurturing Parent curriculum within the fourteen-session format, on reducing the likelihood of abuse and/or neglectful parenting for clients in Northern Michigan.

Key Words: child welfare programing, parent education programing, trauma approaches, trauma and CPS/Foster Care, reunification, evidence-based, etc.

DEDICATION

Pursuing my MSW degree was a great sacrifice and a dream that I was not always confident that I could attain. This dedication is for those who have sacrificed along with me, supported me constantly and challenged me to believe I could finish this journey!!

To my husband- Heath, thank you for being my constant, for filling the role of two parents and remaining forever supportive of me throughout the MSW process. For my children- Bradley, Cooper and Evan- thank you for your patience, support and love while mom has spent these long hours away. It is always thoughts of you that have kept me motivated to do things I never thought I could do, so that you could see that hard work pays off and why mom pushes you so hard to bring your best in all things!!

To my parents, grandparents and sister- thank you for being the voice that told me I could do this and the example that showed me throughout life that hard work pays off!! Never has there been a better example of dedication to family, work ethic and support, than the example you have and continue to role model for our family!!! I love you MORE!!

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In closing I offer praise to my Lord Jesus Christ who made clear the path, was and remains my strength when I have had none of my own and my comfort throughout these challenging years!!!

"I can do all things through Christ who strengthens me." Philippians 4:13

"Trust in the LORD with all your heart and do not lean on your own understanding." Proverbs 3:5

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CHAPTER 1: INTRODUCTION

Introduction

Throughout the United States, child welfare administrations face continued challenges in finding methods that will make lasting impressions on providing services for families with Child Protect Services involvement, as well as supporting families who have children who have been placed in foster care. Within a fifteen-year timeframe from 1985 to 2000, out-of-home placement rates within the United States nearly doubled from 276,000 in 1985 to more than 543,000 children by 2000. From this point, much concentration has been given to examining why this drastic increase occurred and many strategies have been put in place to combat these numbers (Swan & Sylvester, 2006). The Annie E. Casey Foundation Kids Count Data reflects this trend with more recent numbers of foster care placements of 503,116 in 2005. A significant decrease was seen with 403,039 out-of-home placements in 2010 and the most current data showing 396,099 in 2015 (Annie E. Casey & Kids County Data Center, 2016). Although notable progress in decreasing the number of out-of-home and foster placements has occurred, the struggle of the foster care system has taken on a new challenge of the shortage of foster placements. In many states around the nation, the shortage of placement options for children has resulted in siblings being separated, youth remaining in detention facilities and delays in placement with some youth even having to spend nights in offices of their local Department of Human Services until placement arrangements could be found (Policy & Practice, 2010; Swann & Sylvester, 2006).

Concentration on Parenting Programs

One area of concentration in the movement to address out-of-home placement of children is to support the reunification process by developing efficient and effective parent education

programs. The goal of this approach is to support the process of educating parents about the

areas that put their children at risk and use this education to build parenting skills that will reduce

the potential for risk area reoccurrence. As the demand for parent education programs remains

intense, funding for program development has consequently increased with many different

programs now in use around the country (Barth, Landsverk, Chamber, Reid, Rolls, Hurleburt,

Farmer, James, McCabe & Kohl, 2005; Marcynyszyn, Maher & Corwin, 2011; Sanders, 1999).

CHAPTER 2- LITERATURE REVIEW

Literature Review

The purpose of this literature review is to explore the body of knowledge that is being used to guide the current direction for parent education programing within child welfare. The use of an integrative review of the literature examines the need for parent education programing within child welfare, looks at the standards that are set forth to evaluate curriculum and the benefit that this programing has been shown to have. Additionally, this literature review looks at the specific use of the Nurturing Parent programing, selected for use throughout the state of Michigan as the primary parenting curriculum for Supportive Visitation programs statewide. An integrative review is appropriate for this type of research as it seeks to present and summarize the current state of knowledge of child welfare parent curriculum programing. Within this literature review the knowledge presented will highlight agreements as well as differing views on the standard of program effectiveness.

Parent education programs throughout the country have varying strategies of approaching client engagement and education, leading to the need to better evaluate what approaches are proving effective. Standards for reviewing effectiveness have varied to include examination of aspects such as: the long-term use of programs, self-reporting from parenting program developers, client follow-through, etc. Child welfare sectors have pushed for more unified methods of reviewing program effectiveness that hold standard terms of measurement and thus more valid and reliable measures of program results (Chambless & Hollon, 1998; Chambless & Ollendick, 2001; Kratochwill & Stoiber, 2002; Levin, 2002).

Parenting Program Evaluation

Possibly the best known and acknowledged database for tracking evidence-based practice can be accessed by visiting the Substance Abuse and Mental Health Services Administration (SAMHSA) website. SAMHSA was established in 1992 by Congress "to make substance use and mental disorder information, services, and research more accessible" (Substance Abuse and Mental Health Services Administration, 2016, p. 1). One function of SAMHSA is to evaluate research and rate therapeutic model criteria as an evidence-based practice. They then maintain the National Registry of Evidence-based Programs and Practices (NREPP), a database that allows the public to view the therapeutic modalities that have met evidence-based criteria, learn more about the approaches available for specific areas of need and provide information on how to access or be trained for these modalities. SAMHSA uses a Quality of Research Ratings scale ranging from 0.0- 4.0 much like typical school grades. Evaluation is based on six criteria. These six criteria are- 1. Reliability of measures, 2. Validity of measures, 3. Intervention fidelity, 4. Missing data and attrition, 5. Potential confounding variables and 6. Appropriateness of analysis (Substance Abuse and Mental Health Services Administration, 2016).

A Look Through the Lense of Tauma

Within the child welfare system, trauma informed practices are being utilized as an essential component in programming, thus a brief look at trauma concepts is helpful. Trauma can present itself in many ways within a child's life and chronic trauma (the experience of many traumatic events over a long period of time) generally encompasses many different adverse experiences (Grillo, & Lott, 2010). One specific area that the effects of trauma can be seen is within the school setting. Within this population, 68% of youth who report emotional and behavioral symptoms also report having experienced traumatic event(s) before the age of 16

(Dods, 2013). Other vantage points of the effects of trauma on our youth can be seen within studies looking at outcomes for foster children. Within the general population, 85% of children graduate or obtain their GED; comparatively, less than 50% of children who have turned eighteen while in foster care are reaching high school graduation or completing their GED. With this same population of children who have "aged-out" (turning 18 while in foster care) of foster care, approximately 25% suffer from post-traumatic stress syndrome, exceeding those with this same diagnosis in our veterans returning home (Vacca, 2007).

The Adverse Childhood Experiences (ACE) assessment looks at risk factors for children by assessing if children have experienced physical or sexual abuse, witnessing domestic violence, have parental history of depression or mental illness, have parental drug or alcohol problems, have experienced death or loss of a close family member, are living with someone with a felony, are living in a single parent household and experiencing chronic health problems of the child (Whitson, Bernard, & Kaufman, 2012; Feletti, Anda, Nordenberg, Williamson, Spritz, Edwards, & Marks, 1998). An instance when many of the above listed traumas compound to result in the placement of a child in foster care is the story that is all too well known in our society today. In 2003 alone, 542,000 children in the United States where in foster care at any given time (Zeitlin, & Weinberg, 2004; US Department of Health and Human Services, 2003).

But trauma is not new to our society nor our children; trauma exists for each individual and historically, our society has experienced profound eras of world war, fatal disease, catastrophic loss after severe weather, etc. How does this paradigm of trauma make sense to answer the increasing numbers of mental illness in children with one in five being diagnosed with a mental health disorder (Whitson, Bernard, & Kaufman, 2012)?

The current focus on the effect of traumatic experiences on a person's life have come from looking back at our history and seeing that some people did come through a war experience, loss of their family to a fatal disease or placement in foster care, to lead stable and productive lives, whereas others did not (Whitson, Bernard & Kaufman, 2012). What is the predictor of this change in outcome for those who have experienced chronic trauma? This is exactly what studies have set out to understand (Whitson, Bernard & Kaufman, 2012).

Resiliency Factors

Within trauma-focused research, themes started to emerge that pointed toward the extent and severity of one's trauma in combination with protective factors that a person experienced throughout their trauma (Whitson, Bernard & Kaufman, 2012). Studies have distilled down the categories of the protective factors to fall within the concepts of: relatedness, mastery, affect regulation and self-esteem (Grillo, & Lott, 2010). Relatedness in general looks at the effectiveness of the care giving relationship that the child experienced and can also encompass the frequency and quality of relationships with other adults, friends, romantic partners, faith communities, etc. Mastery looks at the persons' ability to have specific skills over some area of their lives, to feel that they have some level of control or ability in a specific area. Affect Regulation looks at one's ability to exercise self-control, regulate one's emotions and develop planning strategies to assist oneself in planning for potentially challenging experiences. Self-Esteem largely looks at one's concept of themselves and one's own abilities. Studies show that those who have experienced traumatic events such as outlined within the ACE's study, have come through these able to function and with fewer mental health or behavioral struggles than persons who have lacked these protective factors (Grillo & Lott, 2010.; Whitson, Bernard & Kaufman, 2012).

The movement to put these findings into use to help children and adults has been a twofold process. First is, to educate on the effects of trauma and the protective factors that combat the effects of trauma. Second is, to promote resiliency by way of building the protective factors for parents and children. The push to get this education to the public has been taken on in many arenas with the focus of strengths-based initiatives that have largely been led by Community Mental Health Services programs that service upwards of 70,000 children and families each year in combination with the Department of Health and Human Services and their funded programs (Whitson, Bernard & Kaufman, 2012).

CHAPTER 3- EVIDENCE-BASED PROGRESSION

Evidence-Based Criteria

As outlined previously, within fifteen years from 1985 to 2000, out-of-home placement rates within the United States increased at an alarming rate from 276,000 in 1985 to more than 543,000 children by 2000 (Swan & Sylvester, 2006). These extreme changes coupled with the new views of trauma laid the ground work for a shift toward trauma informed practice. In 2000, under the Children's Health Act, Congress formed the National Child Traumatic Stress Network to "raise the standard of care and improve access to services for traumatized children, their families and communities" (National Child Traumatic Stress Network, 2016, p. 1). Much like SAMHSA, one function of the National Child Traumatic Stress Network (NCTSN) is concentration on validating evidence-based programing regarding approaches to working with children who have experienced traumatic events. The database maintained by NCTSN is also a resource that lists evidence-based therapies specific to the purpose of working with children from a trauma informed perspective (National Registry of Evidence-based Programs and Practices, 2016; National Child Traumatic Stress Network, 2016).

Another method of program evaluation took place in 2005 when many partners from across the country came together to form the Child and Adolescent Intervention Network. The purpose of this effort was to begin the process of evaluating parent education curriculum by developing a method of evaluation that concretely outlined evaluation criteria benchmarks. A large aspect of this process involved outlining which programs had research findings sufficient to be considered an Evidence-Based approach (Barth, et al., 2005). This critical consideration of the evaluation of programing quickly became a discussion of the definition of *evidence-based*

criteria. The work of the Child and Adolescent Intervention Network outlined four levels of evidence-based criteria. (Barth, et al, 2005, p. 359).

The highest level of programing categorized as *Leading Evidence-Based Parent Training*, reflected programs who have empirically proven Randomized Clinical Trials (RCT) with favorable supporting data outcomes (Barth, et al, 2005). The next level categorized as *Possibly Efficacious and Commonly Implemented*, of parent education programs met the criteria of quasi-experimental or single-subject research design supporting data (Barth, et al, 2005). The third category outlined was labeled as *Conventional Child Welfare Parent Training*, and describes class settings were basic parenting programs that are acknowledged to have positive education offered but with no method of evaluation of the curriculum in place. Although curriculum texts may exist to teach specific parenting program concepts, having no mode of evaluation remains the shortcoming of this level of parent education (Barth, et al, 2005). The fourth and final category was specified as *Generic* class setting that is often the result of a court order or similar requirement. Topics focused on in this level of parent education often tend to be basic concepts as previously outlined, however have no specific manual of training in addition to no method of evaluation (Barth, et al, 2005).

Using the above outlined criteria set forth by; SAMHSA - National Registry of Evidence-based Programs and Practices (NREPP), National Child Traumatic Stress Network and criteria established by the Child and Adolescent Intervention Network, the following is a look at leading parent education programs in use throughout the country.

Evidence-Based Breakdown of Programs

Using the Child and Adolescent Intervention Network outlined levels of evidence based criteria, the *Leading Evidence-Based Parent Training* reflected the highest level of evaluation of

programs RCT data published to support program effectiveness. The programs within this highest level of evaluation include: "*The Incredible Years* (Webster-Stratton & Hammond, 1997), *Multisystemic Therapy* (Henggeler et al., 2003), Oregon Social Learning Center's *Parent Management Training* (Forgatch & Martinez, 1999; Patterson, Chamberlain, & Reid, 1982) and *Parent-Child Interaction Training* (Eyeberg & Robinson, 1982; Barth, et al, 2005, p. 360)". Of the programs described by the Child and Adolescent Intervention Network as *Leading Evidence-Based Parent Training*, only two were then also validated with the National Registry of Evidence-based Programs and Practices or the National Child Traumatic Stress Network.

The National Registry of Evidence-based Programs and Practices listed the *Incredible Years* as an evidence-based program that incorporates children, parents and teachers in learning emotional and social competence. Sessions are taught in both classroom and home settings with program duration ranging from 12-22 weekly sessions. The primary development of the *Incredible Years* programing was to improve school success by teaming home and school supports within a child's life. Additional developments to the program have molded curriculum to target behavioral and emotional needs of children by teaching skills to support persons in these areas. The NREPP ratings for the *Incredible Years* program ranged from 3.2 in the outcome area of Parents' involvement with the school and teachers, to 3.8 in the outcome area of Child externalizing problems. (Reid, Webster-Stratton, & Baydar, 2004; Reid, SAMHSA-NREPP, 2016; Webster-Stratton, & Hammond, 2007; Webster-Stratton, 1994; Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid & Hammond, 2001; Webster-Stratton, Reid, & Hammond, 2004)

The National Child Traumatic Stress Network lists the *Parent-Child Interaction Training* as a trauma-informed evidence-based program. The focus of this program approach is to change

negative patterns of interaction between parents or caregivers and the children that they care for. Methods for this program approach center around the use of a one-way mirror and an ear piece audio system. A program facilitator observes interactions of the family and gives step-by-step feedback and guidance throughout interactions. Areas of direction within this process highlight the building of resiliency by promoting growth of the relationships within the family. Program length is between 12 and 20 sessions and is mainly used in a specific office setting that is equipped adequately, however is listed to be adaptable for use in the family home. *Parent-Child Interaction Therapy* has six published case studies, one of which meets the criteria of Randomized Controlled Trial. (Bagner, Fernandez & Eyberg, 2004; Borrego, Anhalt, Terao & Urquiza, 2006; Borrego, Urquiza & Rasmussen, 1999; Dombrowski, Timmer & Blacker, 2005; Fricker-Elhai, Ruggiero & Smith, 2005; NCTSN- PCIT, 2008; Timmer, Urquiza, Herschell, McGrath, Zebell, Porter & Vargas, 2006)

The Child and Adolescent Intervention Network level of *Possibly Efficacious and Commonly Implemented*, outlined the following programs: "*Parenting Wisely* (Gordon, 2003), *Nurturing Parent* (Bavolek, 2002), STEP (Adams, 2001) and *Project 12-Ways* (Lutzker & Rice, 1984; Barth, et al, 2005)". Further criticism of this category of programing stem from the lack of studies that have been published for peer review, lack of randomization and/or comparative-group study design to better validate the quality of research and indicated outcomes. Having noted this, the programs outlined within this level are not listed as evidence-based approaches within either the National Registry of Evidence-based Programs and Practices or the National Child Traumatic Stress Network (Barth, et al, 2005; National Registry of Evidence-based Programs, 2016; National Child Traumatic Stress Network, 2016).

The third category outlined was labeled as *Conventional Child Welfare Parent Training* as well as the fourth and final *Generic* category listed no specific programs with only criteria outlined (Barth, et al, 2005).

CHAPTER 4- THE NURTURING PARENTING PROGRAM

A Look At Nurturing Parenting Curriculum

Dr. Stephen Bavolek is the founder of the Nurturing Parenting Programs that developed out of his doctoral work in 1978 at Utah State University. Bavolek's research creating the Adolescent Parenting Inventory (API) involved assessing beliefs about parenting practices that were associated with teens' history of themselves being abused as children. This same assessment was then conducted and compared to teens who did not have histories of childhood abuse. From this research five constructs were identified and believed to measure the likelihood or risk of child maltreatment by these teens once they themselves became parents. The constructs include; "A- Inappropriate developmental expectations of children, B- Parental lack of empathy for their own needs and for the needs of their children, C- A strong belief in the use of corporal punishment as a means of punishing children for their disobedience, D- Reversing parent-child roles leading to robbing the child of their childhood and E- Oppressing children's power and independence" (Family Development Resources, 2016, p. 1).

The development of further assessments using these concepts to predictive maltreatment grew to include the Adult-Adolescent Parenting Inventory (AAPI). After continued research in 1983, with use of funding from the National Institute of Mental Health, Bavolek used these identified constructs to develop a program for specific use with child welfare populations. Creating intervention planning for each of the five identified constructs was the conclusion and thus developed the essential aspects of the Nurturing Parenting Program (Family Development Resources, 2016).

The Nurturing Parenting website provides an outline of thirty plus years of studies that have been conducted supporting program effectiveness. Nineteen pre-posttest designs are

documented with two of these being published in a peer reviewed journal and the remainder being final reports submitted to the agency using the program. Two program comparison studies are noted with one of these a peer reviewed publication. Thirteen studies were noted that were conducted as pre-posttests in conjunction with longitudinal follow-up. Of these thirteen studies two were noted as published in peer reviewed journals and the remainder were program evaluation reports conducted by the agency implementing the programing (Bavolek, 2002; Family Development Resources, 2014).

As detailed in the evaluation methods described previously, the Nurturing Parenting program is not acknowledged as an evidence-based methodology as it does not have studies that included a Randomized Control Trial (RCT). Within the explanation for this, Nurturing Parenting documentation acknowledges the change to the requirement of using RCT and has stated,

> Prior to this change, the Nurturing Parenting Programs were highly rated, evidence-based programs for families receiving services in Child Welfare. After the adoption of the RCT model as evidence of programs effectiveness the Nurturing Program for Parents and their infants, Toddlers and Preschoolers is no longer afforded that designation.
>
> RCT is reserved for trials that contain control groups in which groups receiving the experimental treatment are compared with control groups receiving no treatment. Withholding services from families who are mandated by the courts to complete parent education is ethically inappropriate, in addition to jeopardizing the health and lives of children (Bavolek, 2002, p. 4).

Although the point of ethical implications of research should always be considered, this consideration should be approached from the vantage of utilitarian balance as research approval processes implement. Using the perspective that the effectiveness of the program is not validated, the case could be made that program participants are being subjected to the AAPI that

summarizes their own potential risk to abuse and neglect their children. The many studies listed within the supporting research provide extensive examples of the Nurturing Parenting Program being a reliable program. Reliability infers that outcomes have been consistent; however, validity is the aspect that remains in question without use of a RCT measure. Without validation that the AAPI accurately measures the risk areas it intends to measure, reliability alone is does not meet the criteria for program effectiveness. Much like the example of a scale calibrated to start at 2 lbs. versus 0 lbs. When weighing oneself, the outcome will always be invalid as it will be consistently 2 pounds off. This is the same when looking at outcomes of a study where validity has not been established.

When visiting the Nurturing Parenting official website, it is easy to see the extensive time and effort that has went into formatting a working and versatile program catalog and supportive offerings. Within the content of what Nurturing Parent offers are detailed programs broken down into four levels of programing. These levels are *Primary*: Prevention-Education, *Secondary*: Prevention-Intervention, *Tertiary*: Prevention-Treatment and *Comprehensive*: Programs. Specific programing has been formulated by age with curriculum for rages of prenatal, birth to 5, school age (5-11), adolescents (12-19 and teen or young parents. Additional programing has been developed specifically to meet the needs of minority populations for: Hispanic or Latino, Black or African American, Asian, Caribbean/Pacific Islander, Middle Eastern, Hmong and Somali. Further programing has been developed for specific use with: Military Families, Families with Substance abuse, populations with special needs and/or health challenges as well as school-based programs. The Nurturing Parent available materials lists over 150 products that include facilitator manuals, parent handbooks, easy reader versions of handbooks, DVD's to aide in presenting material, CD's to make handouts more easily accessible for some programs,

interactive games, assessment questionnaires, and as well as formats of these materials that have been adapted for additional languages (Bavolek, 2002; Family Development Resources, 2016).

In addition to materials that can be purchased, the online support offered for the Nurturing Parent programs includes the purchasable use of the AAPI kits. Agencies that use the Nurturing Parent programing start by administering the AAPI and/or other listed assessments. Information from these assessments can then be inputted directly into the online program that processes the information and then gives output reports that indicate what parenting areas are deficient, indicating the likelihood of abusive or neglectful parenting approaches. From this scoring, specific interventions from the programing are then suggested based on the areas that are indicated most deficient. Post-tests are also entered following program intervention completion and used to produce a report that shows progress in the construct areas, indicating the participants gains from the education provided throughout sessions. Additional offerings from the online subscription of assessments is the ability to then track program progress for individual participants but also to track results for entire agencies to allow them to produce documentation to support funding opportunities (Bavolek, 2002; Family Development Resources, 2016).

The Idea of Dosage

Throughout the program criteria, Nurturing Parent author, Stephen J. Bavolek Ph.D., stresses the importance of *dosage*. Dosage refers to the intensity or level of engagement within a program as well as the duration of the programing. Parent program research limitations frequently highlight the impact of dosage for programing that is conducted over longer periods of time. Reasoning within this limitation argues that the progress seen in parents is due to their own commitment to change and would be present with any educational program offered for this lengthy duration. Dr. Bavolek promotes that program participation is optimal and recommended

to be over twenty weekly sessions (Bavolek, 2002; Family Life Resources, 2014; Family Life

Resources, 2016; Maher, Lyscha, Marcynyszn, Corwin, & Hodnett, 2011; Waldfogel, 2009).

CHAPTER 5- THE NEED FOR FURTHER RESEARCH

Summary

Through the above presentation of the research on parent education program approaches within the child welfare field, many vantage points have been represented. Looking at the differing methods of program evaluation the views on what constitutes evidence-based research have been explored and differing criteria weighed. Given these findings emerge differing views on the Nurturing Parenting program as meeting evidence-based status. The trauma lens has been detailed to provide an understanding of the use of trauma informed approaches and how the effort to implement resiliency building approaches has been shown throughout history to be pivotal in combatting the effects that trauma can have on individuals. Additionally, client engagement and the benefit from parent education programing was looked at through the idea of dosage, referring to the duration and depth of program participation. The following research proposal, uses this presentation of information to describe the need for further evaluation of parenting education programing and add to the current body of knowledge. The implementation of the Nurturing Parenting curriculum in Michigan has outlined contracts that limit the sessions to fourteen weekly sessions. This limitation adds an additional dimension for the need for evaluation of the effectiveness of the Nurturing Parenting program now being used in our surrounding counties as the programs are intended for upwards of twenty weeks of programing.

CHAPTER 6- FURTHER RESEARCH PROPOSED

Suggested Methods

In preparation for this proposed research, a search of literature was conducted assessing university-based search sites that included: ERIC, Sage Journals, PsycInFO, PsycArticles, Social Work Abstracts, EBSCOhost and other peer reviewed literature. Several search approaches were used with combinations of words such as; child welfare programing, parent education programing, trauma approaches, trauma and CPS/Foster Care, reunification, evidence-based, etc. The goal of the literature review was to identify the previous body of research describing views on evaluation of parent education programs, understand the change in evidence-based criteria, explore programing that is being used and specifically look at how the Nurturing Parenting curriculum results are being assessed and validated.

Proposed Research Design Approach

With an evaluation purpose, the recommended study lends itself toward a quantitative research design that does not seek to establish causality but rather to explain the relationship between program participation and the change in parents' likelihood of abuse and/or neglect of their children. Within this design, scores of the pre and posttest of the Adult Adolescent Parenting Inventory would be reported and compared. The method of questionnaire methodology data collection will be utilized. A quantitative design would be appropriate for this study as it seeks to present the impact of the Nurturing Parenting program rather than test a specific hypothesis.

Proposed Sampling

Participants in this research will be specific to clients who have been referred to Family Supportive Services of Northern Michigan (FSSNM) for the Supportive Visitation Program and

are engaging in the Nurturing Parenting curriculum. Participants will be defined as individuals who have participated in 8-14 weekly sessions of the Nurturing Parenting curriculum and have completed both the pre and post AAPI evaluations. A single-series design would be appropriate as the sample will remain within this designated program and allow an approach that allows evaluation of participants progress to be outlined by the change in their scores from the pretest AAPI to the posttest AAPI. This approach outlines the basis for an evaluative quantitative design.

Proposed Data Collection Instrument

The research study would be presented to FSSNM clients with optional participation. Pretest AAPI questionnaires would be completed as part of the first meeting after the initiation of the program and posttest AAPI questionnaires after the completion of the program. Approximately ten participants are anticipated with hope for seventy percent rate of completion of the full program process ending with posttest AAPI.

The first variable that is anticipated would be the actual participation and completion of the Nurturing Parenting program. The second anticipated variable would be the changes in participants' scores indicating likelihood of abuse and/or neglect of their children.

Level of measurements included within this data collection would include: Nominal and ordinal data within the AAPI questionnaires.

The unit of analysis would be individual concentrated on the microlevel for this study. This unit of analysis is justified as it concentrates on individual progress with a small sample size pertaining to a single program study.

Ethical Considerations

Ethical concerns must always closely examine the utilitarian balance. The concept of utilitarian balance involves comparing the potential information or knowledge that could come from a study against any harm that participants of a study could experience. The idea of Utilitarian Balance is that the knowledge gained by doing the study exceeds any potential harm that participants could experience by taking part in the study. Ethical considerations within this study could be encountered due to working with one of the specified Special Populations by possible work with parents with disabilities and likely those in poverty. Proceeding cautiously about any interaction with these vulnerable populations would be defined clearly.

An additional ethical consideration is that program participants may experience stress over the outcome of their Nurturing Parenting program results given their current involvement with the Department of Health and Human Services and fear impact of their case progression.

Limitations

Limitations to this study would largely stem from the small sample size due to attrition as the literature indicates that there are frequent participants who do not complete the program and may decrease participant numbers from those who begin the study in the beginning stages.

Results

Findings of this study would be compiled for use in program effectiveness within the Family Supportive Services of Northern Michigan agency and provided to the Department of Health and Human Services via email and possibly presented if requested by DHHS.

CHAPTER 7- CONCLUSION

Conclusion

In conclusion, the above outlined literature review has looked at many changes that child welfare and the foster care system has faced in the past few decades. Research was explored that helped to see the approach of using parent education programs as one method to address the increased rates of removals across our country. The trauma lens has been detailed to provide an understanding of the use of trauma informed approaches. Efforts to implement resiliency building approaches have been shown to be pivotal in combatting the effects that trauma can have on individuals. The different agencies that have developed program evaluation criteria have been explored. This criterion has been used as a gauge to access the degree to which specific parenting programing have been given a status that reflects effectiveness and/or rating as evidence-based. Specifically, the Nurturing Parenting Program has been explored using these evaluation methods. The question of validity remains, due to the limited studies that have assessed that the AAPI measures what it intends to measure as well as validate the effectiveness of the program with RCT study modalities. This presentation has also outlined specific planning as to how Family Supportive Services of Northern Michigan could conduct this much needed evaluation of program effectiveness to add to the body of knowledge regarding parenting curriculum used with the child welfare sector and in wide use within our local communities.

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