# Designing an evidence-based intervention for parents involved with child welfare

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ABSTRACT

With over 400,000 children in foster care in the United States and parenting services being the most frequently ordered service to try to remediate parental deficiencies and to support reunification efforts, it is imperative that this service not only has a high relevance to the parents it is trying to reach, but has evidence to support effectiveness (U.S. Department of Health and Human Services, 2018). However, most of the evidence-based parenting programs being offered to parents have neither high relevance to this population nor have they been rigorously studied. Additionally, they are costly to implement and attrition rates are of great concern. In this paper, we describe a process used to inform the development of a parenting intervention that would have high relevance to child welfare involved parents and could then work towards proving its effectiveness. The phases of this process were to: 1) conduct a scan of the literature on evidence-based parenting programs currently used in child welfare, 2) complete a series of stakeholder interviews with key informants to better understand needs and gaps in parenting support and services to child welfare involved families and, 3) convene a development team of relevant experts to inform the synthesis of knowledge gained from phases one and two in order to guide the development of program content and strategies to optimize effective program delivery. This study helped to identify that early parent-child visits are a critical and untapped opportunity for the placement of a parenting intervention. Initial parent-child visits are a powerful moment in the case in which early support and education can enhance parent engagement in the visitation process and potentially affect engagement in other needed services.

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*A new parenting program could give us leeway to be more thoughtful about what services we are offering parents, not just what we have to offer them, and could lead to a better fit and success with evidence-based programs.*

- Washington State Children's Administration staff person.

## 1. Introduction

At any given moment in the United States, well over 400,000 children are in out-of-home foster care (U.S. Department of Health and Human Services, 2018). Of the roughly 270,000 children who entered care during fiscal year 2017, most of these children (62%) were removed due to parental neglect, and over 60% were under eight years old (U.S. Department of Health and Human Services, 2018). While in out-of-home care, supervised visits are often court mandated to allow parents who may be a risk to their children to experience parent–child contact while in the presence of an appropriate third party (Crook & Oehme, 2007).

Outside of visits, it is common for parents involved in the child welfare system to attend a parenting program, either voluntary or court-mandated. An estimated 400,000 parents annually are referred to parenting interventions due to allegations of abuse and neglect (Barth et al., 2005). Child welfare agencies refer parents to parenting programs in order to improve parenting skills, increase child safety, and reduce future risk of maltreatment, yet few parent education programs are designed specifically to address the needs of child welfare involved parents.

Over the past few decades, evidence-based programs (EBPs) are increasingly used for parents who maltreat their children (Pinna et al., 2015). The evolution of EBPs reflects the growing desire to deliver services that are aligned with the best-available clinical science and "proven" to support specific outcomes (Chaffin & Friedrich, 2004). Effective and evidence-based treatments are critical in child welfare and yet, many implementation challenges arise in delivering these programs in a community-based setting (Pinna et al., 2015). One issue is high non-completion rates (40%) in parenting programs (McWey, Kendal,

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Wojciak, & Claridge, 2015). Another systemic challenge for child welfare systems is the high cost associated with implementing these programs.

Our study report describes the use of a three-phase process to inform the design and development of what was intended to be an evidence-based parenting program with high child welfare relevance. An additional goal for the program, once proven, would be for it to become widely available at no or low cost to increase access and relevance for the child welfare field. The phases were iterative and included: 1) A scan of the literature on evidence-based parenting programs currently used in child welfare, 2) A series of stakeholder interviews with key informants to better understand needs and gaps in parenting support and services to child welfare involved families, and 3) The convening of a development team of relevant experts to inform the synthesis of knowledge gained from phases one and two in order to inform the development of program content and strategies to optimize effective program delivery. This article describes our team's effort to create a program specifically designed for parents involved with the child welfare system that is tailored to their unique needs and circumstances versus adapting an existing program that may or may note be seen as highly relevant by parents involved in the child welfare system.

## 2. Background

### 2.1. History and rise in use of evidence-based parenting programs in child welfare

Parenting interventions are the most commonly required case plan activities ordered for parents involved with child welfare. Evidence-based programs (EBPs) are the gold standard for psychosocial interventions in general, and with parents involved with the child welfare system in particular (Pinna et al., 2015; Rubin, 2011; Thyer & Myers, 2010). In the 1990's, few EBPs were available for parents who were maltreating their children, yet a strong need existed for effective and evidence-based interventions for these parents (Pinna et al., 2015). Over the past few decades, there has been an increase in the use of evidence-based programs (EBPs) for parents involved with the child welfare system (Pinna et al., 2015). Even with the increase in EBPs, practioners have been slow to adopt these programs and instead stick with services based in practice tradition, even when the practice tradition outcomes have been shown to run counter to the research evidence (Chaffin & Friedrich, 2004). The goals of many parent-education programs for child welfare involved parents are to improve parenting skills and capabilities, increase child safety, and reduce future risk of child maltreatment. Implementation of these types of programs within the context of child welfare have often been hindered by a lack of referrals and high attrition rates (Pinna et al., 2015). As such, retention is an important issue to consider. Researchers and practitioners are interested in determing the critical "dose" and promising strategies for delivery to increase parent retention in programs long enough to affect the targeted change in behavior.

### 2.2. Common components of parenting programs

Identifying parenting programs that are effective for child welfare-involved families has been a slow and long-term process (Barth et al., 2005). Parenting programs typically include four essential components: 1) parents are assessed for parenting problems, 2) parents are taught new skills, 3) parents apply the skills with their children, and 4) parents receive feedback (Barth et al., 2005). Bigger effect sizes were found in programs that included: an increase in positive parent-child interactions, the teaching of emotional communication skills, the use of time-out, and the importance of consistency in parenting (Barth et al., 2005). Having parents practice new skills with their children present during training sessions was also found to increase effect sizes for such programs (Wyatt Kaminski, Valle, Filene, & Boyle, 2008).

### 2.3. Challenges in disseminating and implementing evidence-based parenting programs

The move towards more robust and evidence-based parenting programs can be challenging for child welfare systems, as they are often constrained by low budgets for parent training and expenses that are largely not reimbursable by the federal government (Barth & Liggett-Creel, 2014). Historically, child welfare agencies have used local practitioners to either develop and deliver group programs or to use already developed programs that can be readily ordered from the publisher and self-trained (Barth et al., 2005). Another issue has been the tendancy to use interventions that support existing knowledge and beliefs instead of using EBPs which have scientific evidence to back them up (Christian, Niec, Acevedo-Polakovich, & Kassab, 2014). Furthermore, early childhood parent EBP training models are scarce. Those found effective for older children can be complicated to deliver and can have significant start-up costs when dealing with a manualized program (Barth & Liggett-Creel, 2014). Even with proof that an intervention is effective, a practitioner may not choose to use it in their implementation, as this may require a period of skill development and consultation beyond buying a manual or attending training (Chaffin & Friedrich, 2004). More effective means of disseminating EBPs are needed such as the time and cost asscociated with training, low adoption rates, and high turnover in clinicians once trained (Christian et al., 2014). Additionally, there are a number of co-occuring risk factors for parents involved with the child welfare system that can affect their ability to attend and benefit from parenting programs such ast: parental substance abuse, mental illness, domestic violence, child conduct problems, and family poverty (Barth, Kolivoski, Lindsey, Lee, & Collins, 2014).

### 2.4. Study purpose

The purpose of this study is to describe the use of a three-phased process used to develop a parenting program specifically for parents involved with the child welfare system with children from birth to eight years of age.

The study set out to to answer the following research questions:

1. What are the areas of need for a parenting program targeting child welfare involved families?
2. What are the gaps in the current evidence-based parenting programs available to child welfare involved families?
3. What content, delivery method, and timing is ideal for the new parenting program?

With participation in a parenting program being a nearly universal requirement for child welfare involved parents, there is a clear need for interventions that are rigorously tested and found to be effective, but the development process for such programs is less clear (Charles, Gorman-Smith, & Jones, 2016).

## 3. Methods

To answer the research questions noted above, we employed a three-phased approach which included:

Phase 1) conducting a literature review about current evidence-based parenting programs in child welfare;

Phase 2) completing key stakeholder informant interviews and focus groups to better understand needs and gaps of current programming; and,

Phase 3) convening a team of experts to examine the findings from phases one and two to determine program content and delivery.

Phases one and two were conducted simultaneously and at times were mutually informative. For example, the initial literature review informed the stakeholder interview questions and the stakeholder

interview responses informed further literature review needed to help develop the session content and approach. Specifically, parent-child visits quickly emerged from this process of inquiry as an important intervention target so the interviews became more structured regarding whether or not parent-child visits would be a useful target for an intervention and further review of the literature related to visitation programming was conducted.

### 3.1. Phase 1: Literature review

The research team conducted a literature review, specifically related to the parenting needs of child welfare involved parents and the current array of evidence-based parenting programs. Information was gathered on relevant research, practice, and policy to inform the creation of a parenting program with an emphasis on peer-reviewed sources and intervention techniques. Researchers used the following key search terms: 'parenting programs', 'evidence-based programs', 'intervention development', 'common components', and 'child welfare' to guide their search.

The findings from the literature review helped formulate the research and key informant interview questions. Some of the sources also provided evidence for the sessions developed later in the program development process.

### 3.2. Phase 2: Key stakeholder informant interviews and focus groups

Researchers spoke to over 100 key stakeholder informants associated with the state child welfare system as a whole. The aim of these interviews was to understand the needs of child welfare involved parents, to describe the current array of evidence-based parenting programs, and to determine the need for and characteristics of a new program specifically targeted for this population. Recognizing that in our state African American and Native American families are overrepresented in the system, we explored with state experts in racial disproportionality whether there were additional factors that should be considered in the development of a new program. Interviews were conducted after receiving exemption status from the Institutional Review Board and developing a semi-structured, open-ended interview guide. All phone interviews were documented as close to verbatim as possible. Focus groups were audio recorded and transcribed.

The following categories of stakeholders were interviewed over-the-phone: service providers contracted by the Washington State Department of Social and Health Services Children's Administration (CA)(*n* = 10), CA management level staff (*n* = 13), representatives of the legal community (*n* = 9), child welfare research and "best practice" experts (*n* = 14), public health nurses (*n* = 3) and, diversity and racial equity experts (*n* = 7). In addition, a focus group was held with Court Appointed Special Advocate (CASA) program managers to get their input (*n* = 40).

In an effort to intentionally incorporate the vital voice of affected community members to help inform the design and content of the program under consideration, we conducted focus groups with Parent Allies. Parent Allies are parents who have successfully navigated the child welfare system and had at least one child returned to their care. Two focus groups were held with Parent Allies (*n* = 13).

Focus groups were conducted using a structured, open-ended interview guide and a notes-based approach (the groups were also audio recorded and later transcribed). The interviews and focus groups verified and enhanced the research team's understanding of the issues and leverage points that could serve as targets for developing the intervention.

During this phase, the research team 1) developed the interview/ focus group tools, 2) conducted the stakeholder interviews and focus groups, 3) analyzed information collected, and 4) revised the interview/focus group tool.

### 3.3. Analysis

The research team used a thematic content analysis approach to analyze the qualitative data (Braun & Clarke, 2006). The codes developed were later organized into non-hierarchical categories. Examples of categories include: engagement, barriers to parental attendance, need for trauma-informed approaches, skill acquisition related to child development, and parenting and organizational implementation barriers.

### 3.4. Convening a development team

A development team was convened, and met bi-weekly over a six month period to utilize the literature review, key informant and focus group findings to conceptualize the new program. The design team included an experienced instructional designer, social work faculty and evaluators, a parenting intervention researcher, a Washington State child welfare agency partner, and graduate students with recent child welfare agency experience. The instructional designer facilitated 2 four-hour brainstorming sessions, using the Diehl and Stroebe (1991) brainstorming technique. The team generated a concept map for the new program, session content ideas, and the delivery model. The design team conceptualized a program that would be delivered by providers with no advanced education or credentialing, in other words, delivered by those who currently supervise parent-child visits throughout Washington State. After completing the brainstorming sessions, the instructional designer developed a 15 session program outline. The research team then conducted an extensive scientific literature review on all identified topics to ensure that each session was informed by the most complete and current evidence. Curriculum sessions were developed after all this work and the program name was chosen: *Strive*. The details of the key components considered by the Development Team are outlined in the Results section below.

## 4. Results

The early literature search helped identify a conceptual framework, not only for the key informant interviews, but for the eventual program design. The research and practice evidence on "what works" with parents involved with the child welfare system informed the process and future program content (Barth et al., 2005). Five key parenting skill-based domains were identified: social cognitive processing, impulse control, parenting, social skills, and stress management (Azar, Nix, & Makin-Byrd, 2005; Johnson et al., 2006). Table 1 provides a summary of each domain. Of note, Johnson et al. (2006) documented that none of the currently developed parenting EBPs address all five parenting domains.

Parent-child visitation was identified as a potential target of the intervention during the stakeholder interviews. Those interviewed found parent-child visits lacked a clear orientation to the process for parents as transparency around what parents were being judged on in this context. Parent allies articulated having had a very stressful experience during visits with little to no support.

**Table 1**
Domains of parenting difficulty within child welfare involved families.

1. *Social cognitive processing skills*: The internal processes through which parents make attributions about children and child behavior and determine how they will respond to their child
2. *Impulse control* skills: The moment to moment, internal processes through which parents manage their initial responses to children
3. *Parenting skills*: Parent management techniques – encouragement, supervision and monitoring, discipline, limit setting, problem solving, planning – as well as other moment-to-moment, day-to-day child care behaviors
4. *Social skills*: Reading of social cues, clear communication, responsiveness to others
5. *Stress management skills*: Coping strategies when presented with internal and external stressors

*"Currently, contracted visit providers are writing down what the parents are doing, grading them. Many parents don't know where to start. This grade is then given to the court and it's really not fair and it's not enough."* Child Welfare Program Manager.

*"I'm in complete self-loathing, I'm feeling inadequate, and you sitting there taking your notes only adds to that. It was hard to be present as a parent feeling so judged."* Parent Ally visitation experience.

While a child is in out of home care, regular parent-child visitation is crucial to strengthening and maintaining family relationships. Visits are also important for maintaining child-parent attachment and can decrease the sense of abandonment that children often experience when they are removed from their home and placed into out-of-home care (Mallon & Hess, 2005). Family visitation is linked to positive outcomes, including improved child well-being and faster reunification when it is perceived to be in the "best interest" of the child (Mallon & Hess, 2005).

An element of the literature review included a search of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) which reviews existing programs and examines the research evidence and relevance for these programs and interventions for children and families in the child welfare system. The search identified no parenting interventions that address child abuse and neglect that received both the highest rating in research evidence (programs with strong empirical support) and for relevance to child welfare system. A few programs, such as *SafeCare®*, are moving towards these designations, but still require further testing (CEBC, 2014; Gershater-Molko, Lutzker, & Wesch, 2003). Several others with high research ratings, do not have the highest relevance to child welfare such as Triple P - Positive Parenting Program® System (CEBC, 2014; Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). Marty Beyer's, Visit Coaching, while having high relevance to child welfare, is not yet able to be rated, meaning there is no available research data to support the program (Beyer, 2008; CEBC, 2014). Additionally, a further search of literature identified that there were no manualized parenting EBPs specific to visitation currently available.

Our review of the literature and findings from key informants yielded the following themes that shaped the selected program design and delivery for Strive:

- Engagement with the parent is needed to increase motivation to participate and to retain parents in the program.
- Early support around visits is needed. Parents often are unaware of what is expected of them in their visits and feel judged. Further, visits that don't go well traumatize both parents and children.
- Skill building: parents need practical, developmentally appropriate, and effective parenting techniques.
- One-on-one is best for skill and relationship building. Groups are better for support.
- Trauma-informed: The parent ally community emphasized that trauma looms large due to child welfare involvement and often goes unaddressed by existing programs.
- Concrete resources: Parents need support in addressing barriers to attendance or retention in EBPs such transportation and stable housing.
- Transition home: parents often lose support and resources when children reunify. Parent allies felt that post-reunification in-home support could also be an intervention target.

Using the literature review findings (see Table 1) and key informant themes, the development team decided to focus the intervention with parents who recently had children enter out of home care and were starting to have court ordered supervised visits. The purpose of the first brainstorming session was to develop a concept map for the underpinnings of the program. Fig. 1 denotes the importance of the program in attending to multiple relationships: 1) program staff with the parent, 2) the parent's self-awareness/relationship with self, 3) the parent and



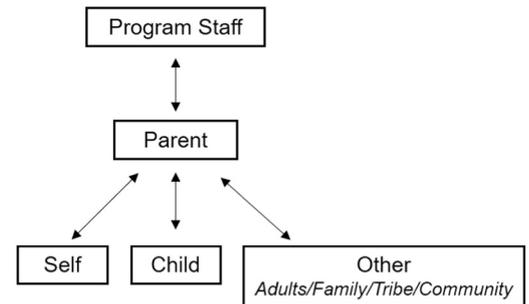Fig. 1. Important relationships for program to support.

**Table 2**
Supervised visitation program topics.

| Session | Topic |
| --- | --- |
| 1 | Getting started |
| 2 | Connect & reassure |
| 3 | Creating a safe and healthy visit environment |
| 4 | Communication counts |
| 5 | Child directed play |
| 6 | Responding to your baby and toddler |
| 7 | Planning ahead |
| 8 | Taking care of yourself |
| 9 | Guiding your child |
| 10 | Problem solving |
| 11 | Regulating your emotions |
| 12 | Emotion coaching |
| 13 | Reading aloud |
| 14 | Healing from trauma |
| 15 | Celebrating success and future planning |

their child, and 4) parent with other adults involved in their life or in the child welfare system.

Additionally, the development team identified curriculum session topics, session content, and the delivery model. A 15 session program (see Table 2) was developed and meant to be delivered by a visitation provider staff early in the visitation experience, ideally started within the first few visits. Each session uses the following delivery model: 1) a one-on-one instructional session with the parent in the hour before a parent-child visit, 2) followed by a supported parent-child visit (to try out new knowledge and skill), and 3) a 15 min debrief with the parent following the visit without the children present. The sessions themselves are psychoeducational in nature, and intended both to provide parents with information that can be utilized to improve the quality of visits for both themselves and their children as well as to enhance parental engagement in and motivation to attend supervised visitation. Together, the three parts of the delivery model are designed to provide parents with information, support, and encouragement.

A draft of the curriculum was reviewed by an Advisory Board of child welfare system stakeholders. Researchers also previewed key features of sessions with a group of parent allies for feedback. Revisions were made by a second instructional designer, and preparations were made to "try out" (pretest) the program with a sample of families. The goals of the pretest were to learn about overall program feasibility and to gather information about content or process elements in need of refinement.

## 5. Discussion

The purpose of this study was to articulate the research team's three-phased approach to developing a parenting intervention. The study set out to answer a series of research questions to guide the development process:

1) What are the areas of need for a parenting program targeting families who are child welfare involved?
2) What are the gaps in the current evidence-based parenting programs available to child welfare involved families?
3) What content, delivery method, and timing is ideal for the new parenting intervention?

Using a three-phased approach, we conducted a literature review to further our understanding of the problem and specify a new intervention. The middle phase, key informant interviews, not only helped us to identify gaps and the target for our intervention, but also provided a lot of insight for implementation and planning with our state child welfare agency. Finally, we completed a series of brainstorming sessions and review to create the conceptual framework for the program, its content, and delivery model.

The synthesis of the literature review combined with the key informant interviews led to several conclusions. First, typical parenting programs in child welfare focus on either preventing placement in care or on parenting once parent and child are reunited at home, rather than the parenting that occurs while a child is in out-of-home care (such as parenting during parent-child visitation). Second, the design team could potentially boost retention by developing a program specifically designed to meet the needs of child welfare involved parents. Third, we believe that our approach to both keeping these needs in mind while also building stakeholder "buy in" during the design process will yield better parent and system uptake. Fourth, we increase the potential for the principles of adult learning to be woven into the curriculum by employing an instructional designer and employing approaches that allow practice of new skills which is essential to adult learning. Finally, the design team included a partner from the Washington State Children's Administration to ensure that the program would be used, useful, and would meet their needs. We believe the program is highly relevant to the child welfare system and also attends to the components of what is known to work: 1) assess parenting problems, 2) teach new skills, 3) allow opportunities for parents to apply the skills with their children, and 4) provide feedback about how they are doing in the application of the skills (Barth et al., 2005).

## 6. Limitations

A few limitations should be noted. First, interviewees and focus group participants represented the views of practice and EBP availability mainly in Washington State. While the number of people that we heard from was extensive, demographic data on interview and focus group participants was not systematically collected so we cannot comment on generalizability of their input. Due to the vulnerability of this population, the needs of currently child welfare involved parents and children were also not included. These factors may impact the effectiveness of the designed intervention across systems and cultural subgroups.

## 7. Conclusion

Parenting interventions are the most commonly required case plan activity for parents with children in foster care. Promoting highly relevant and responsive programming to the needs of these parents is crucial for success and also has been shown to be effective. Knowing a large portion of parents start, but do not complete such programs, the field needs highly relevant programming with a focus on engagement. Relevance and engagement will likely ensure that more parents start and finish these programs. Additionally, if the cost of evidence-based programs can be reduced by creating programs that can be delivered by lay professionals and includes curriculum and training materials that are low cost, increased access to a parenting EBP should be achievable for cash-strapped child welfare systems. For parents to successfully navigate the child welfare system, they need early support, and EBPs

and resources can help reduce the trauma for parents and children. This study helped to identify that early parent-child visits are a critical and untapped opportunity for the placement of a parenting intervention. Initial parent-child visits are a powerful moment in the case in which early support and education can enhance parent engagement in the visitation process and potentially affect engagement in other needed services.

Finally, the road to becoming an evidence-based program is long and costly. We believe that by our use of this phased approach, thorough inclusive planning and involvement of affected stakeholders, we will contribute to the field with a program that will be effective in helping birth parents engage in their early visitation experiences, reduce trauma for both parent and child, and potentially promote engagement in other needed services on the road to reunification.

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