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# Understanding the Parenting Support Needs of Maltreating Parents and their Children

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# Understanding the Parenting Support Needs of Maltreating Parents and Their Children

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# *Executive Summary*

The current project, *Understanding The Parenting Support Needs Of Maltreating Parents And Their Children*, has encompassed nine months of analysis in order to identify critical components for the effective implementation of a parenting program for maltreating parents. The goals of the analysis have been accomplished by gathering information from the professional literature on parenting interventions and national parenting programs. Interviews have also been conducted with key stakeholders and consumers in the community.

The target population of this analysis grant was parents whose children were living in foster care. Historically, our communities have not offered many of these maltreating parents adequate interventions to assist them in becoming more successful parents. For some parents, re-abuse of their child may result from their inadequate parenting skills and lack of knowledge, and not because of their indifference or psychopathology. Our communities, to date, have not offered adequate parenting interventions so that child protection agencies and the courts can reliably identify those parents who are capable of change from those who are not.

This project provides specific recommendations to the community regarding facilitative components and barriers to parenting interventions for maltreating parents who are working toward reunification with their children. These recommendations are based on information gathered through focus groups and/or individual interviews with parents, kinship care providers, foster care providers, dependency attorneys, DCF caseworkers, and Guardian Ad Litem volunteers. Information was compiled on the quality, availability and accessibility of services to meet the parenting needs of maltreating parents and their children.

Based on the findings of this analysis grant, the strengths of Hillsborough County include an acknowledgement of a problem and commitment to a resolution by key stakeholders and consumers. There is unanimous agreement by professionals and parents regarding the paucity of community supports and parenting interventions offered to parents who are attempting to reunify their families. Furthermore, consumers, dependency attorneys, DCF staff, Guardian Ad Litem volunteers, churches, and lead community agencies providing services to this special population of parents, are committed to finding interventions to address this need.

The barriers to providing parenting supports and interventions include the lack of time for DCF caseworkers to conduct adequate case management and assist parents with completing tasks toward reunification. Furthermore, funding is skewed toward supporting children's out-of-home placement rather than toward strengthening the biological family. Barriers for parents to maintain a strong and secure attachment with their children and to develop adequate parenting skills to reduce recidivism include lengthy separations from their children, inconsistent visitation, limited contact with their children, and interventions such as individual therapy that do not directly teach parenting or household management skills. Further, the parenting classes offered to maltreating parents are of brief duration, implemented when children are not in the home, and primarily theoretical. Thus, the classes do not fit the intellectual level or match the skill level of many parents in this specific population. When children are reunified with their parents the parent training and family supports are limited or absent.

Because of the cultural, socioeconomic, and educational diversity of maltreating families, many parenting interventions are ineffective since most do not address the diverse needs of these families. Many of the most widely used parenting curriculums were not developed for parents who have intellectual limitations and lack even rudimentary organizational or parenting skills. A number of the parenting curriculums reviewed for this grant presume that parents will be able to transform theoretical information into concrete interactions with their children. This assumes a level of cognitive sophistication that many parents who are involved in the child welfare system do not possess.

From the pool of identified parenting interventions, the Nurturing Parent Program was identified by this analysis grant as a model program to implement with maltreating parents. The strengths of this program include: (a) program materials for specific age groups of children and characteristics of parents; (b) one on one in-home interventions involving the parent and child; and, (c) parenting interventions offered through an extensive 48 session in-home or 24 session out of home program. Program materials address children; age birth to five, six to 12, and adolescents; parent gender; families from diverse cultural backgrounds; and parent characteristics including maltreatment and substance abuse. However, in order to be successful, a well thought out parenting program for maltreating parents must also address the community and personal barriers faced by these parents.

Although recent efforts have been made to develop family friendly visitation centers, transporting children and their parents consistently and reliably from numerous counties to a visitation site remains a serious problem. Many of the parents whose children are living in foster homes do not own a car or have adequate accessibility to public transportation. Thus, in recognizing and addressing this important barrier, the authors of this grant propose that the Nurturing Parent Program be implemented in the biological parent's home during a two and a half hour weekly visitation between children and their parents. This visitation-parenting schedule would also take into consideration the parent's work schedule. This would solve one aspect of the transportation barrier. However, transportation barriers also include the absence of reliable transportation for children to visit their parents. To address this aspect of the transportation barrier, children's weekly transportation from the foster home to the biological home can be achieved by matching recruited families from volunteer agencies and religious organizations with each family involved in the Nurturing Parent Program. These matched volunteer families could transport children to the weekly visitation-parenting session at the biological parent's home.

Barriers, such as case management for maltreating parents and ongoing community support following reunification of parents and children, also can be addressed through a partnership with community organizations. Matched volunteer families would assist in the Nurturing Parent weekly parent training, provide a component of case management, and remain involved in the maltreating

parent's life as a support following parent and child reunification. Family volunteers from the community would be trained in the Nurturing Parent model and in case management techniques. Transportation liability could be addressed through certifying the volunteer families as DCF volunteers, thus allowing them liability coverage through the state.

# *Introduction*

Annually over two million child maltreatment reports come to the attention of state authorities (U.S. Department of Health and Human Services, 2000). Of these reports, almost one-third result in a disposition of “substantiated” or “indicated” and one-fourth of the identified children are reported to be victims of more than one type of maltreatment. Approximately 3% of all child abuse reports involve severe physical abuse, such as multiple broken bones, injuries to internal organs, and major burns and bruises (Costin, Karger, & Stoesz, 1996). In over three-quarters of the cases, one or both parents are the perpetrators.

## Maltreating Parents: Special Issues

Substantial research indicates that parents who commit severe or fatal child maltreatment are often known to child protection services prior to the identified incident (Costin et. al., 1996), and have a higher rate of substance abuse (The National Center on Child Abuse and Neglect, 1993) and domestic violence (Edelson, 1997; Straus, Gelles, & Steinmetz, 1980). The National Center on Child Abuse and Neglect (1993) found the incidence of child maltreatment was three and a half times higher in alcohol abusing families versus families who did not abuse alcohol. Support for these high national incidence figures is provided by a literature review conducted by Emery and Laumann-Billings (1998), with findings of an 18 to 38% association between parents who maltreat their children and alcohol abuse. This association increased to approximately 50% for men who abused their partners. Hillsborough County incidence figures for substance abuse in maltreating families are quite similar to national statistics. For example, data reported in the Hillsborough County Infant and Toddler Study of children entering out-of-home placements in Hillsborough County shows that (in records identifying parental issues) 38% of mothers and 22% of fathers had substance abuse issues (Barrett, Nations, & Hummer, 2000).

Parents who repeatedly maltreat their children represent a special subset of abusive and neglectful parents. When children are the victims of multiple occurrences of maltreatment, each subsequent maltreatment event has been found to increase the risk for recurrence (Sullivan & Knutson, 1998). In one study, within 18 months of a child maltreatment substantiated report, 57% of families assessed to be at high risk had another substantiated incident of maltreatment (Children’s Research Center, 1993). Recurring maltreatment reports have also been associated with a significant percentage of child fatalities (Wang & Daro, 1997; Wilczynski, 1997).

## Paucity of Family Interventions

Only minimal attention and money have been directed by state and federal agencies at clinical case management or the provision of empirically validated intervention strategies that successfully assist families with serious child rearing problems. Most of the 11 billion dollars spent annually on child protection is not spent on strengthening families. While federal, state, and local governments spend an estimated \$2,702 per case on services to families, they spend approximately \$22,000 per case each year on residential and foster care (Behrman, 1998). Moreover, fewer than one-third of child protection caseworkers have a social work or other degree in the health sciences, which may limit the caseworker's capacity to make appropriate intervention decisions. Large caseloads and funding cutbacks in community services also hamper effective provision of services to families.

Based on the findings that each recurrence of child maltreatment increases future risks of recurrence, Fluke and his colleagues concluded that children experiencing multiple recurrences represent a special "at risk" population (Fluke, Yuan, & Edwards, 1999). However, it is undetermined what percentage of the parents who re-abuse their children are actually amenable to treatment but have not been provided appropriate interventions, such as linkage to community support services, homemaking services, job training, substance abuse programs, or domestic violence programs, as well as adequate and intensive parent training. To date, we have done a poor job of identifying different risk profiles of maltreating families or providing adequate interventions to these very different groups.

As noted by the US Advisory Board on Child Abuse and Neglect (1995), intervention programs currently rely heavily on individual counseling and parenting classes. However, while denial and blaming others for the injury are common (Costin et al., 1996), individuals who deny their responsibility for abuse tend to do poorly in psychotherapy (Bowdry, 1990). More sophisticated differentiation and assistance may aid the courts in determining which parents are amenable to change and should have their children returned following meaningful and effective interventions.

## Dimensions of the Problem in Florida

In the past decade, Florida has seen increases in the number of children who are removed from their homes and placed in licensed foster care settings, with relatives, or in adoptive homes. These increases have affected the ability of Florida's Department of Children and Families (DCF) to safely reunite children with their parents, limit over population of foster homes, and find adoptive homes in a timely manner (Brown, Lipien, Trinidad, Yampolskayay, 2001; OPPAGA, 2001). In the past five years, in part due to public policy changes, Florida has seen a 77% increase in new cases entering foster care (Brown & Lipien, unpublished). According to Florida DCF statistics, the annual average cost per child in foster home care is \$16,415.12, which averages approximately \$1,400.00 per child per month.

During the Florida Fiscal Year 1999-2000, DCF handled the following cases:

- Protective investigations: 140,559 cases investigated;
  - 47,501 completed investigations of cases identified with some indication or substantiated

- In-home services: 29,021 new reports during fiscal year 1999-2000 provided protective supervision
- Out of home services: 22,066 cases provided out-of-home care;
  - 13,173 cases, as of fiscal year 1999-2000, provided foster placement (private families, residential group homes);
  - 8,893 cases entering foster placement (private families, residential group homes) during fiscal year 1999-2000

For fiscal year 1999-2000 the number of child protection investigations resulting in a finding of maltreatment (i.e., “some indication” or “verification”) for abuse, neglect, or threatened harm was 47,501. From this total, 8,893 of these children entered Florida’s foster care and 794 of those new foster children were from Hillsborough County. In Florida, birth to 3 year olds account for the highest proportion of children entering foster care, and adolescents account for the lowest proportion.

In Hillsborough County, children birth to 3 years old compose approximately 40% of the children entering foster care and children under the age of 8 years old account for over two-thirds of the children (see Table 1). In contrast, adolescents (ages 13 to 18) in Hillsborough County account for 13.7% of the children entering care. The average length of stay for children in foster care, during the 1999-2000 fiscal year was over one year with the exception of older adolescents who typically remain in care for slightly under one year. In contrast, children ages 9 to 12 years old had the longest stay, with an average of slightly less than two years. The shorter length of stay in foster care for adolescents most likely is not the result of better reunification efforts made by the parents of these teens. Rather, the shorter stay most likely reflects the lack of housing for this particular age group of maltreated children.

Although sexual and physical abuse cases draw greater media attention, neglect cases represent the highest frequency of maltreatment cases throughout the nation. Threatened harm and inadequate supervision are the most frequent types of maltreatment experienced by children entering foster care in Florida. In Hillsborough County, threatened harm accounted for 34.5%, inadequate supervision accounted for 29%, and environmental neglect accounted for 20.7% of children placed in foster care (see Table 2). Sexual abuse accounted for 2.6% and physical abuse accounted for 11.1% of the Hillsborough County children entering foster care. The average length of stay was over one year for all maltreatment types and of the 794 children entering foster care from 1999-2000, only 92 of these children were returned to a parent or legal guardian.

## Contact Between Parents and Their Children

According to Florida Statute 39.4085, unless the court orders otherwise, parents whose children are in foster care have a right to see their children once a month, and the state legislature aspires that siblings of children in foster care should have weekly contact. However, many children and their parents do not have consistent visitation due to transportation and scheduling problems. As reflected in the interviews conducted for this grant, many parents do not have access to reliable public transportation or own an automobile. Additionally, overburdened caseworkers and foster parents may not have time to transport children to visits with their biological parents.

**Table 1****Entry into Foster Care in Fiscal Year 1999-00 and Average Length of Stay by Age Group (Hillsborough County)**

Age Group	Number /Proportion of Children Entering Foster Care	Average Length of Stay in Number of Months	Number /Proportion of Children Returned to Parent or Legal Guardian
0-3	324 / 40.8%	17.3	36 / 41.9%
4-8	226 / 28.5%	16.9	20 / 23.3%
9-12	135 / 17.0%	23.4	12 / 14.0%
13-15	75 / 9.4%	19.4	12 / 14.0%
16-18	34 / 4.3%	11.8	6 / 7.0%
Total	794		86

(Brown & Lipien, unpublished)

**Table 2****Entry into Foster Care, Average Length of Stay, and Return to Parent or Legal Guardian in Fiscal Year 1999-00 by Type of Maltreatment Experienced in Fiscal Years 1992-93 to 1999-00 (Hillsborough County)**

Maltreatment Type for Children 0 to 18 Years	Number and Types of Maltreatment Reported for Children Entering Foster Care in 1992-2000*	Average Length of Stay In Number of Months	Number / Proportion of Children Exiting Foster Care in 1999-2000 Returned to Parent or Legal Guardian
Sexual Maltreatment	21 / 2.6%	16.3	2 / 2.3%
Physical Injury	88 / 11.1%	17.8	10 / 11.6%
Mental Injury	15 / 1.9%	25.3	2 / 2.3%
Physically Drug Dependent Newborn / Substance or Alcohol Exposed Child	23 / 2.9%	16.7	2 / 2.3%
Inadequate Supervision	237 / 29.8%	18.8	20 / 23.3%
Environmental Neglect	164 / 20.7%	18.5	13 / 15.1%
Lack of Medical Care	44 / 5.5%	15.9	6 / 7.0%
Other Abuse	10 / 1.3%	18.5	2 / 2.3%
Inadequate Food / Malnutrition / Failure to Thrive	48 / 6.0%	17.3	6 / 7.0%
Other Neglect	71 / 8.9%	18.5	5 / 5.8%
Threatened Harm	274 / 34.5%	18.2	24 / 27.9%
Total	995**		92***

(Brown & Lipien, unpublished)

\* Including these children's historical reports from 1992-2000

\*\* Children may have experienced more than one type of maltreatment and may be counted in more than one cell.

\*\*\* There is a possibility that missing data deflates these numbers

Data collected by the Child Abuse Council's Visitation Project reflects the problem in completing scheduled visits between parents and children. From August through December 2000, 35 parents and 79 children were served by the Visitation Project; 30% of the scheduled visitations were not completed (Child Abuse Council, unpublished). During this five month time period, 30 cancellations or no shows were committed by biological parents and 29 cancellations and no shows were committed by DCF, foster parents, and the visitation program combined. These statistics indicate that transportation must be a target when attempting to implement any intervention for maltreating parents and their children who reside in foster care. Data regarding scheduled and completed visitation through the 1313 Tampa Street visitation site was not available.

## Best Practice Parenting Programs in Hillsborough County

In Hillsborough County a number of intervention programs are offered to enhance the parenting skills of "at risk" parents or parents who have been identified as perpetrators of child maltreatment. The majority of these best practice programs are provided in the family's home or provide transportation to the program site.

### *Programs for At-Risk Children and Their Parents*

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**Healthy Start:** provides parent education and support services for expectant and new mothers whose children are at risk for abuse and neglect. Nurses and social workers provide the services. The program's goal is to offer prenatal care, education and links to other community services before children become delayed.

**Healthy Families:** provides home-visiting services to families with children 0 thru 5 living in identified high risk areas or with developmentally delayed children. This is a national model with exacting standards. Para-professionals provide services and utilize the Healthy Families of Florida Handbook.

**Baby Bungalow:** is a child resource center, which includes a menu of services including parent training and education, fathers' support groups, children's play groups, and links to other community resources. This center services all families with infants and toddlers residing in Hillsborough County. This resource center was chosen to launch the nationally recognized early childhood education program Parents as Teachers.

**Families and School Support Team (FASST):** is a school-based support program built on wraparound principles (see Burns & Goldman, 1999). This program works with many families involved with DCF, however, it is not organized to solely do so.

## **Tampa Hillsborough Integrated Network for Kids**

**(THINK):** is a project designed to create a community based Family Centered System of Care. The target population for the wrap around services is children who meet the DCF population criteria or are designated by the local school district as being severely emotionally disturbed (SED). These children must be receiving SED services, or have involvement with two or more child serving systems (e.g., child welfare, substance abuse, juvenile justice).

## ***Programs for At-Risk Children and Their Substance Abusing Parents***

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**Breakaway:** is a specialized developmental nursery school for drug-exposed children and their mothers. The primary focus of the program is to foster a strong bond between mother and child. The nursery also offers therapeutic care to children whose mothers are enrolled in drug treatment programs provided by Drug Abuse Comprehensive Coordinating Office (DACC) and the Center for Women. Breakaway uses a combination of the PET and STEP program parenting materials, along with other child development materials. Transportation to the program is provided for the children.

**Choices for Change:** is a model in-home program (Hayes & Emshoff, 1993), which provides service to substance abusing pregnant women and substance abusing mothers with children. This program provides after care support and relapse prevention, and requires mothers' involvement in a comprehensive home-visitation program. The Choices for Change program uses the Parents as Teachers (PAT) program materials.

## ***Programs for Maltreated Children and Their Parents***

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**Family Preservation Programs:** provide in-home supports and supervision to families who have had incidents of child maltreatment, including families under protective supervision and those reunifying.

**Rainbow Centers:** is a specialized child care center for maltreated children (infants to 5 years old) and their maltreating parents. Five days a week, Rainbow offers a therapeutic daycare for maltreated children. Two days a week parents attend Rainbow with their children where they receive parent training involving didactic instruction, modeling, and coaching. The parent training has been developed by the director of Rainbow; it does not utilize a published parenting program. Transportation is provided for the children and mothers.

**New Life Dwelling Place:** is Tampa Bay's only family residential treatment program for maltreating mothers and their abused or neglected children. Mothers enter the program voluntarily or through a court order as a last chance to keep their children. New Life Dwelling Place will close in August 2001.

# *Methodology*

In order to develop a successful parenting intervention for parents whose children are living in foster care, information was collected from published literature, key informants (i.e., attorneys, DCF caseworkers, Guardian Ad Litem), kinship care providers, foster care providers, and the parents themselves. Information was sought on the facilitative components and barriers to implementing a parenting program during supervised parent and child visitation.

## Review of Parenting Programs

A comprehensive literature review on published parenting programs was conducted in order to determine which programs have been empirically validated. Additionally, nationally recognized parenting interventions were examined through a review of published curriculums and by attending training on several of the programs. For example, a three day conference in North Carolina on the Nurturing Parent Program was attended.

## Qualitative And Quantitative Instruments

Focus groups, individual interviews, and a written survey were utilized to gain information regarding the needs of maltreating parents and their children in Hillsborough County and the availability of services to meet those needs. Structured focus group interviews and individual interviews were developed for implementation with parents, kinship and foster care providers, attorneys representing biological parents in dependency court, and Department of Children and Family (DCF) caseworkers. Guardian Ad Litem also informally provided information.

# Procedure

Biological parents identified by the state as having maltreated their child(ren) were asked to provide information on services and supports for their parenting needs. The parents were further asked to identify their parenting needs for reunification with their children. Kinship care providers, foster care providers and key community stakeholders were also asked to identify the services and supports that are most helpful to parents whose children are in out-of-home care, the availability of the services, and the barriers to receiving the services.

Three focus groups were conducted with eight attorneys, five kinship care providers, and four DCF caseworkers. Individual interviews were conducted with three DCF supervisors at 1313 Tampa Street and W.T. Edwards, as well as in the homes of two biological parents identified by the state as having maltreated his/her child. Two biological parents were also interviewed at Baby Bungalow, a supervised visitation center, and one foster parent was interviewed at his place of employment. All participants signed a consent form (see Appendix A for selected examples). Biological parents and kinship care providers were paid \$15.00 for their participation. Focus groups and interviews were audio taped and lasted approximately one hour. The audio tapes were transcribed by a University of South Florida secretary and analyzed by the principal investigators Drs. Kuehnle and Becker.

Additionally, four Guardians Ad Litem, the directors of four early parenting intervention programs located in Hillsborough County, and the managers or supervisors of three community programs were contacted and interviewed. Finally, a written survey was mailed to 96 Hillsborough County community agencies requesting information on the population served, provision of parenting programs and services, percentage of clients who complete services, and evaluation of participants (see Appendix B). Follow-up phone calls were made to agencies when a response was not received after two weeks.

# Results and Conclusions

## Interviews

Biological parents, kinship care providers, foster care providers, dependency attorneys, and state caseworkers were interviewed individually and in focus groups. Facilitative components and barriers were identified which impact maltreating parents' reunification with their children who are placed in foster care. Several primary categories were identified from the interviews: (a) Skewed Priorities for State Funding, (b) An Inadequate Visitation System, (c) The Need for Parent Advocates and Case Managers, (d) Community Interventions Perceived to be Successful, (e) Barriers to Receiving Successful Interventions and Reunification, (f) Personal Conflicts Between Parents and Caseworkers, (g) Efficacy of Parenting Classes Offered in the Community, and (h) Further Comments.

### ***Skewed Priorities for State Funding***

Parents, attorneys, foster care providers and caseworkers opined that poverty was strongly associated with children's out of home placement. Many of these individuals also voiced their concern over the system putting the majority of funding into providing foster home placements for children rather than financially supporting more appropriate treatment interventions for at-risk and maltreating families. The following statements reflect this position:

- "Then there comes the economics which is one of the big aspects . . . we run across parents that have two sometimes three jobs . . . and that gets some of them in trouble because they leave their kids unprotected, unsupervised . . . because their job may be only a couple of hours . . . but to them their children are supposed to be asleep . . . they will take risks. And many of those risks are often times what jeopardize kids" (*DCF caseworker*)
- "They're obviously putting the money into paying these foster parents . . . there is a sentence that says 'have you attempted all services in the home?' and they [*sic* DCF caseworker] put yes and the reality is they haven't done anything" (*attorney*)

- “If you are going to remove the child, before you remove the child within the guidelines, then you are supposed to try to preserve that family. They are not preserving the family. . . I think there needs to be more of a social help or something to help that family stay a family” (*parent*)
- “It is easier for them to shelter a child than to provide services. . . I hear the locals saying in some instances. . . it is impossible to provide the services because the slots aren’t there. The availability of the service isn’t there. So if you were a DCF worker and you would like to do it, it is beyond your capacity to do it” (*attorney*)
- “. . . we spend by the time we are finished just in the legal process over \$30,000. . . We could have bought them that trailer and put the electricity in it. They have four kids in foster care that must be to the tune of about. . . \$1600 a month. For half the price of foster care they can give her. . . they can pay for a home with electricity and with running water and save the taxpayer \$800” (*attorney*)

## ***An Inadequate Visitation System***

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Although frequent and consistent visitation between parents and children is critical to attachment, parents, attorneys, and caseworkers all agreed that visitation between biological parents and their children is logistically problematic. Visitation does not occur consistently for many parents and children and the visitation site at the DCF 1313 Tampa Street building is viewed as less than an ideal environment for visits. The following statements reflect these observations:

- “I just had a case today where the parents haven’t seen their kids in going on three months. . . they change counselors, so nobody knows who the counselor is. . .” (*attorney*)
- “It is just a nightmare because the foster parents one lives in Brandon and one lives in Zephyrhills and how do you connect everyone and then the mother either has to meet them at a park or go down to 1313 and this week she is supposed to have two kids there, but only one shows up so now you have to schedule it for later on in the week. And these people are missing work all the time” (*attorney*)
- “It is not just 2 people for every family. Sometimes multiple parents in a family. . . you have one mother and three or four fathers” (*DCF caseworker*)
- “Also our case loads are pretty high and to get kids out of school, transport them here, I have kids in Brandon, Ruskin and Plant City and to get their siblings it sometimes takes one of my cases, it takes two and a half hours to pick up three or four of the kids and then I have to transport. . . So it [*sic* transportation for one family visit] can take us, it can take me all day” (*DCF case worker*)
- “Transportation can be a real problem when you have several kids needing to go in different directions. You can’t always arrange to bring foster children to their visitation and the DCF worker isn’t always able to provided transportation” (*foster care provider*)
- “Mom and dad are sitting on this bench in this grungy dirty room and they wait for the worker to show up and you watch them watch the clock. They [*sic* the children] are late and they are knowing I got to get back to work or I am going to lose my job. So finally the kids show up and they get to go in this little room with the counselor sitting right

there in the chair on the side taking notes. Mean time they [*sic* DCF caseworkers] are saying, ‘did you do your drug test? Have you been to parenting class?’ And they are just trying to visit the children . . .” (*attorney*)

- “. . . the parents feel less threatened when it is not the Department watching them at their visit . . . they feel more comfortable when it is a third party watching the visit because I think they are fearful as to what we might write down as department staff as to what they are doing” (*DCF caseworker*)

## ***The Need for Parent Advocates and Case Managers***

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Parents felt that they needed an advocate to assist them in dealing with a system they perceive to be stacked against them. Key stake holders believe the availability of case managers to maltreating parents would assist families in navigating the complex child welfare system and meeting their performance agreement tasks. The following comments reflect these views:

- “. . . then that parent needs a partner like a big brother or sister where you have somebody to come and help that particular parent or particular family. They need an advocate . . . to say OK look I’m not with the department I’m with you all, what’s going on here, what’s wrong with this family, or let me help” (*parent*)
- “Parents can’t do it on their own, they need help getting services they need to get on their feet. DCF workers don’t have enough time to get parents the help they need to become better parents and get their kids back” (*foster care provider*)
- “If there was a service that I could call and have them go out to the parent’s home and maybe do the initial assessment of what the family needs and possibly have a case manager that will help them remember their appointments and then go out and go to the office (*sic* with them) to get the service . . . And I know that is my job to be a case manager but I can only do so much case management in the amount of time that I have and the amount of families I see” (*DCF caseworker*)
- “. . . the caseworkers, in my experience, are very busy with taking care of the children, making sure the children are being taken to the doctor, just taking care of a lot of needs. Taking care or meeting our court requirements and those kind of things . . . a lot of times that (*sic* assisting the parents in meeting their case plan) will get pushed to the side . . .” (*DCF caseworker*)

## ***Community Interventions Perceived to be Successful***

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Parents, attorneys, and DCF caseworkers perceived in-home services and intensive parenting interventions, such as the Rainbow program, to be the most helpful services for maltreating families. The following statements reflect this view:

- “At home services are by far the best parenting services . . . they respond pretty well to those services” (*attorney*)

- “When my clients go to Rainbow and spend two days a week with their children not only are they learning to parent properly, but the hands on with their kids, they are thrilled to death. I have seen the most depraved mothers go to Rainbow and spend that morning with their kids 9 to 1 and all of a sudden come out mothers of the century” (*attorney*)
- “The most critical support needed for my cases, I think a lot of it is financial and when there is financial strain everything can go wrong” (*DCF case worker*)
- “They have something where mothers can go into a program, New Life I think it’s called. I think that program should be utilized. To keep that child with a parent. I think that child is better off with a parent than no parent” (*parent*)

## ***Barriers to Receiving Successful Interventions and Reunification***

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DCF case workers, attorneys, Guardian ad Litem volunteers, parents, foster care providers, and kinship care providers unanimously voiced their frustration over the amount of time that families can be in the system before receiving needed services. They further reported the lack of availability of successful programs and resources to help families stay together, to reunite families once they are separated, or to intervene in the recidivism of maltreating parents. They also unanimously agreed that caseworkers are overburdened and, as a result, a social work case management model has not been provided to at risk or identified maltreating parents. The following comments reflect these insights:

- “. . . intellectual functioning is sometimes a major barrier . . . then when you are trying to work with somebody who is 23 or 24 and trying to explain to them that it is important that you come to visitation and that you come on time and I am giving you a referral and you need to go to this agency and have this evaluation” (*DCF caseworker*)
- “Northside is so jammed up on Family Builders the court will often say we will reunite the kids as soon as family builders is in the home. . . we work along 6 to 8 weeks out, now they say there are 11 cases on the waiting list” (*attorney*)
- “. . . you want to evaluate someone. Should it take you 9 months to get me evaluated? Once the doctor tells me that I need to have counseling. . . should it take another 3 months? Then when you are getting someone are you going to make me go somewhere I can’t get to. . . ?” (*parent*)
- “. . . I had to wait two months to go (*sic* Mental Health Center). They can’t see me but once a month. That is not going to help me” (*parent*)
- “We all know there is a way to skirt around the rules when you have families in dire need of services, but a lot of it just depends on who the counselors are” (*attorney*)

## ***Personal Conflicts Between Parents and Caseworkers***

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Key stakeholders and consumers agreed that personality conflicts between families and caseworkers created an environment that further interfered in successful reunification outcomes, as reflected in the following comments:

- "...if there is a personality conflict between your client and the caseworker, forget it. It is a done deal...you are not going to do anything to please that person" (*attorney*)
- "...with some people it doesn't matter who you had out there they wouldn't be receptive to services because their family isn't an open family that allows people into the home and involvement with personal lives...And I think sometimes it is a personality conflict between caseworker and parent" (*DCF caseworker*)
- "...they are not going to hear anything anyone has to say. They are not willing to follow recommendations...Because now it has become a principle- because you are not going to tell me how to raise my child" (*DCF caseworker*)

## ***Efficacy of Parenting Classes Offered in the Community***

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Key stakeholders and parents voiced their concerns regarding the absence of adequate parenting classes in the community to fit the needs of parents who have been identified as maltreating. The following observations were made:

- "A trained monkey can pass the parenting class. It is 6 nights, you go in there and get it done, and it is over and don't worry about it" (*attorney*)
- "Bring it (*sic* parenting class) more down to earth, rather than somebody standing up there instructing you on what to do based on some theory or based on some psychological point of view... You got to make it real for them..." (*parent*)
- "...the main one that I use, because I haven't found another one, is the STEP parenting class...And that class, it is a good basic class but I don't know that it is as intensive as a lot of our families need... I think a more intensive and appropriate class for each individual family may be more helpful and may help to reduce the families returning to the system" (*DCF caseworker*)

## ***Further Comments***

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The key stakeholders and parents voiced the need for the community to provide more support systems and appropriate parenting programs to fit the needs of the families whose children have been identified by the state as in need of protection. Parents and caseworkers made the following comments:

- "The most deadly thing for the children in foster care is the long time they stay in the system in limbo, not knowing what is going to happen" (*foster parent*)
- "I think there needs to be more of a community church involvement to help those families" (*parent*)
- "...the parents have to be prepared for what is coming home to them. I see kids that when they see the parent it is no happy day and they want to go back to the foster home...if someone or some service was in the home to prepare the parent for that...to address the sort of responses the parent may have... (*sic* which) is what in turn brings the children back into care again" (*DCF caseworker*)

- “One of the first things (*sic* in prioritizing services) would be the mental health services. . . they may have been out of the home for two or three months or two or three years and that parent no longer knows that child. . . I think more at home type services should be absolutely necessary” (*DCF caseworker*)

## Survey Results for Parenting Programs in Hillsborough County

A survey regarding the type and availability of parenting programs was faxed or mailed to agencies offering parenting services in Hillsborough County. The survey consisted of eleven questions regarding the type and content of the parenting model used, the availability of in-home services for parents, the provision of services to court-ordered parents and maltreating parents, and evaluation methods used to measure parents' learning or behavior changes following the intervention (see Appendix B).

Agencies receiving the survey were identified through the 2000-2001 Guide to Parenting Services and Community Resources (2000) in Hillsborough County. This resource guide is produced by FOCUS, a community coalition promoting positive parenting. Several agencies referred us to other individuals and agencies who were not listed in the FOCUS directory. If surveys were not returned within two weeks, a follow-up phone call was placed.

A total of 96 surveys were sent to Hillsborough County programs offering parent education classes. Twenty-eight (29%) surveys were returned. Twenty out of 28 respondents indicated that they provided parent education classes (refer to Table 3). This survey information can be used to better inform providers and parents about programs available for parents needing treatment. Contact and program information for these agencies can be found in Appendix C.

# *Results and Conclusions*



# *Results and Conclusions*



# Review of the Published Literature on Parenting Programs

The literature on parenting programs was reviewed through a comprehensive search of the most widely used social science databases: MEDLINE, PsychINFO, and Ovid. Six programs were selected for a comprehensive examination for our analysis grant based on the following criteria: the program materials are published and not just adapted for a single research study, the programs are recognized nationally and used locally, and there are attempts to scientifically investigate the effectiveness of the program.

Based on our review of parenting programs, the Nurturing Parent model was selected as the parenting intervention for our future research. The strengths of the Nurturing Parent include program materials for specific age groups of children and characteristics of parents, adaptation for diverse populations including Asian, African-American, and Latino families, one on one in-home interventions involving the parent and child, and intensity of parenting interventions offered through an extensive 48 session in-home or 24 to 12 session out-of-home program. Program materials address children ages birth to five, 6 to 12 and adolescents, as well as parent subgroups such as child maltreatment and substance abuse.

## Nurturing Parenting Programs

Family Development Resources, Inc.  
3160 Pinebrook Road  
Park City, UT 84098  
(800) 688-5822  
[www.familydev.com](http://www.familydev.com)

### *Goals and Objectives*

The premise of the Nurturing Parenting programs, developed by Stephen J. Bavolek, Ph.D., is that parenting is learned. The programs are based on the following six assumptions: 1) The family is a system; 2) Empathy is the single most desirable quality in nurturing parenting; 3) Parenting exists on a continuum; 4) Learning is both cognitive and affective; 5) Children who feel good about themselves are more likely to become nurturing parents; and 6) No one truly prefers abusive interactions. Through this program parents learn about establishing nurturing parenting routines, alternatives to hitting, child development, and ways to build self-esteem and self-concept in both themselves and their children (Bavolek, 2000; [www.familydev.com](http://www.familydev.com)).

### *Training*

Professionals and paraprofessionals with training in teaching parents nurturing skills or a professional background in parent education are candidates for facilitating the Nurturing Parenting program classes. Instructor training lasts from 2 to 4 days, depending on the participants' level of sophistication.

## ***Populations***

The Nurturing Parenting Programs have been field tested with many types of families including families at risk for or identified as abusive or neglectful, adults seeking to become foster or adoptive parents, incarcerated parents, and families in recovery for alcohol and drug abuse. Adaptations have been made to the programs for special populations including Hispanic and African American families. There are no stated inclusion or exclusion criteria for parents and families to participate in the Nurturing Parent Programs.

## ***Program Formats***

Frequency and length of the Nurturing Parenting Program sessions vary according to the type of program (i.e., group based and home based) and the age of the children (i.e., birth–5, 6-11 years, and 12-19 years). The home-based format utilizes 1½-hour sessions, which meet one day a week for 48 consecutive weeks. This home-based program has been developed for parents with children birth to 5 years old. The first hour involves the parent and parent trainer working together on the nurturing model techniques and ideas. The last 30 minutes are spent with trainer, parent, and children, playing and practicing skills. The group-based format utilizes 2½-hour sessions, which meet one day a week for 24, 15 or 12 consecutive weeks. The group time frame is related to the age of the parent's child (i.e., birth to 5 years, 6 to 11 years, 12 to 19 years); the younger the child the longer the duration of the training. The parents and children meet in two separate groups, which run concurrently. Parents and children then engage in a 30-minute family nurturing time, which includes games, songs, and child massage.

This program uses highly structured materials. Each session is organized to include a home practice check-in, parenting skills activities, self-nurturing activities, a family nurturing time and home practice exercise. Nurturing Parenting materials are created for specific age groups and special populations: Birth to 5, 6 to 11, 12 to 19; Prenatal Program; Assuring Better Children (ABC's); Teenage Parents; Foster and Adoptive Parents; Parents with Special Learning Needs and their Children; Spanish Speaking Parents; African-Americans; and parents in Substance Abuse Treatment and Recovery. Also available is a Multicultural Parenting Education Guide for use with parent educators, social workers, family therapists, and other helping professionals.

## ***Program Assessment***

The Adult-Adolescent Parenting Inventory (AAPI; Bavolek, 1984) is typically used with participating parents as a pre and post assessment tool to measure change.

## ***Empirical Validation***

Searches of the literature through MEDLINE, PsycINFO, and Ovid revealed an absence of independent evaluations of these programs published in peer review journals. The author Dr. Bavolek has conducted all available research on this program (see Table 4 for a selected review). Evaluation information is presented in the Research and Validation Report of the Nurturing Program (Bavolek, 1996), which is available from Family Development Resources, Inc. This report includes evaluations conducted with several of the Nurturing Programs, such as birth to 5, 6 to 11, 12 to 19, and Teenage Parents. The majority of the information contained in this report is from the 1980's.

## **Strengths**

This program is broad in its scope, addressing parent-child relationships and developmental needs, as well as social, emotional, and behavioral issues. Program materials are organized by the developmental level of the child and diversity of parent characteristics. The extended time frame of the program and in-vivo parenting increase the potential for internalization and successful implementation of the program skills by participants.

## **Limitations**

The author of the program, Stephen J. Bavolek, has conducted all research on the Nurturing Parenting Programs. A further weakness in the evaluation of this program is the instruments used by Dr. Bavolek to assess successful changes in parenting. The three primary instruments chosen to measure change (i.e., Adult-Adolescent Parenting Inventory, Family Environment Scale, and Nurturing Quiz) have weak psychometric properties, including limited normative data, reliability and validity. However, Bavolek has recently revised the Adult-Adolescent Parenting Inventory.

## **STEP – Systematic Training for Effective Parenting Program**

American Guidance Service, Inc.  
4201 Woodland Road  
Circle Pines, MN 55014-1796  
(800) 328-2560  
www.agsnet.com

## **Goals and Objectives**

The Systematic Training for Effective Parenting (STEP) program originally developed by Dinkmeyer and McKay in 1976, is a skills training program for parents. It is based on Adlerian psychology and the work of R. Dreikurs, including *The Challenge of Parenthood* (Dreikurs, 1948) and later, *Children: The Challenge* (Dreikurs & Stoltz, 1964). Parent's needs are seen as important as children's needs. The goal of the STEP program is to help parents understand their children's behavior and communicate more effectively with their children in a democratic relationship. Methods for learning to use communication skills (e.g., effective listening, encouragement, and personal statements) occupy a major part of the course (Sharpley & Poiner, 1980).

## **Training**

One-day workshops are available to offer training for leading STEP groups (www.agsnet.com). The publishers report that members of a helping profession (e.g., counselors, social workers) require no training to lead a STEP group. The *Leader's Resource Guide*, which is a published curriculum, has extensive instructions for each STEP session (Dinkmeyer & McKay, 1997).

## **Population**

STEP was designed for "typical" challenges in parenting (Dinkmeyer & McKay, 1989 as cited in Fennell, 1998). Specific parent characteristics are not identified as criteria for inclusion or exclusion into

this parenting program. STEP was not designed for use specifically with maltreating families or foster families.

### ***Program Format***

STEP is an eight-session parenting skills program. The curriculum focuses on a nonphysical, logic-based approach to child guidance and discipline, and is reinforced through the use of videotapes, homework assignments, and discussion (McInnis-Dittrich, 1996). The STEP program was revised in 1997 and 1998. There are five STEP curriculums: Early Childhood STEP (for use with children birth - five years), STEP (for children 6–12 years), STEP/Teen (for parents of teenagers), STEP – Spanish, and The Next STEP (for parents who have completed any STEP program).

### ***Program Assessment***

There is no standardized evaluation conducted with participants in the STEP program.

### ***Empirical Validation***

A literature search of PsychINFO, Ovid, and MEDLINE identified five articles evaluating the STEP program published since 1990 (see Table 4). In a summary of 61 research studies on the STEP program for American Guidance Services, Inc., Gibson (1999) examined research related to the STEP program during the period covering 1976–1999. Included in this review are 45 dissertations or master's theses, 10 of which are from 1990–1999, 2 papers presented at conferences, and 14 journal articles, 5 of which are from 1990-1999. Gibson's monograph is a review of over 60 research studies on STEP and is not included in Table 4. This extensive review is available on the website of American Guidance Services, Inc.

### ***Strengths***

STEP is a clearly conceptualized and organized parent training curriculum. It does not require intensive training to administer and the curriculum is easily obtained through the publisher. The recent revision of program materials are organized by the developmental level of the child and cultural diversity of the family.

### ***Limitations***

The STEP program is limited by its short duration (i.e., 8 sessions). Two months is generally not a lengthy enough period of time to assist parents with serious parenting deficits. Furthermore, STEP presents parenting information in a dyadic format, does not include parenting skills training in vivo, nor does it measure the participants' change in knowledge.

# Parenting Tools For Positive Behavior Change

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Building 8, Room 210  
Tallahassee, FL 32399  
(850) 922-2860  
Mike\_Stoutimore@dcf.state.fl.us

## ***Goals and Objectives***

The Parenting Tools for Positive Behavior Change curriculum was designed by Dr. Michael Stoutimore and colleagues Cathy Williams, Michael Cripe, Patty Fitzsimmons, Kristin Knapp-Ines, Ingo Bergsteinsson, and Stacie Neff. Since its development in 1996, the curriculum has undergone several revisions. The Parenting Tools curriculum was built upon *The Power of Positive Parenting* (Latham, 1994) and is based on behavioral principles. This curriculum has not been published and is currently available only for use through Florida's Department of Children and Families.

## ***Training***

The course design requires two trainers. A behavior analyst teaches the course as the lead trainer. It is recommended that the co-trainer be another behavior analyst or staff person who has completed the course. Training consists of a 10-week course followed by another 10 weeks of co-teaching the Parenting Tools for Positive Behavior Change course with a trainer (Williams, 2001). Ideally, the staff person attending the course is working with one or more of the families enrolled.

## ***Populations***

The Parenting Tools for Positive Behavior Change model is designed to train caretakers of children who have been physically and sexually abused and are involved with the Department of Children and Families (DCF). The program is also offered to DCF staff who want to improve their ability to assist parents to be more effective. The program skills can be used with children of all ages.

## ***Program Format***

This program offers nine, task analyzed, parenting tools (or repertoires) and one additional tool for counselors. These are: 1) Staying Close; 2) Giving Positive Consequences; 3) Ignoring Junk Behavior; 4) Ignoring the Junk Behavior of One Child and Giving Positive Consequences for the Appropriate Behavior of Another Child; 5) Stop-Redirect-Give Positive Consequences; 6) Setting Expectations; 7) Contracting; 8) Time Out; 9) ABC's of Assessing Behavior; and 10) Consulting Skills for Staff. These ten categories are further broken down into 80 component steps. The curriculum focuses on "appropriate" behaviors and allows children to learn by earning positive rather than negative consequences. Participants fill out a pre- and post-course assessment form on their behavior.

The course was designed to maximize practice, approximating real situations in role-plays with adults and by using "real-life" interactions with children. Instructors make home visits before, during, and after the 30 classroom hours. Instructors become familiar with parent-child interactions during pre-course home visits and then individually tailor examples, role-plays, and the applications of tools. Home visits during the course are devoted primarily to practicing the tools that were taught in the preceding

classes. Post-course follow-up continues for approximately 10 weeks. All of the tools are practiced and tested after the course so that parents and staff can attain competency.

It is recommended that class size not exceed ten to twelve participants. The course requires 30 hours of classroom instruction usually conducted in 10 three-hour classes. Following the classroom instruction, behavior analysts and/or staff, follow-up with parents in their home.

### ***Program Assessment***

The course is competency-based, meaning participants demonstrate they can perform the Parenting Tools for Behavior Change correctly in order to receive certificates of completion. Participants are expected to demonstrate each tool correctly twice, with at least one demonstration in the home. There are several opportunities for participants to pass the skills throughout the classroom work and in the home.

### ***Empirical Validation***

A literature search of PsychINFO, Ovid, and MEDLINE revealed an absence of published articles evaluating the Parenting Tools for Positive Behavior Change program. There are unpublished data available through the author.

### ***Strengths***

This program involves intensive skills training, which is organized into small and manageable steps. The parent training also includes in-vivo practice by parents with their children. Moreover, this program implements weekly monitoring of participants' progress.

### ***Limitations***

This program is solely a behavioral intervention and does not address developmental differences or relational issues other than through a behavioral paradigm. Furthermore, there is an absence of available research evaluating parenting changes and long-term outcomes. At this time program materials are not accessible to independent community agencies.

## **Strengthening Families Program (SFP)**

Karol L. Kumpfer, Ph.D.  
University of Utah  
250 So. 1850 E. Rm. 215  
Salt Lake City, UT 84112  
(801) 581-8498

### ***Goals and Objectives***

The Strengthening Families Program (SFP) is a family-focused prevention intervention for high-risk families from special populations (Kumpfer, Molgaard, & Spoth, 1996), developed by Kumpfer, DeMarsh, and Child in 1989 (Kumpfer 1996). SFP was first developed as a drug abuse prevention program for high-risk families, which targeted drug-abusing parents. The goal was to help these parents

improve their parenting skills and help their children avoid drug use. SFP was designed to reduce environmental risk factors and improve protective factors (Kumpfer & Tait, 2000). The program is theoretically based and purports that family climate and parenting factors are the major determinants of self-efficacy and the second major determinant, after peer pressure, of alcohol and other drug use.

### ***Training***

SFP can be delivered by teachers, community agency staff, counselors, or other persons hired from the community who are skilled at facilitating groups. Groups of 10 to 30 facilitators are trained for 2 days on program concepts and mechanics, curriculum, group facilitation, ethical situations, role-plays, recruitment and retention of families. Videotapes illustrate key concepts. Training typically takes place at the requesting agency. Additional consultation and technical assistance are available on a program-by-program basis (Kumpfer & Tait, 2000).

### ***Populations***

The original SFP program was designed for use with substance abusing parents. However, according to Kumpfer and Tait (2000), SFP has proven successful with parents of high-risk children who are not drug or alcohol abusers and with families of diverse backgrounds, including urban and rural populations. SFP has been modified to provide culturally appropriate interventions for African American, Hispanic, Asian/Pacific Islander, and low-income rural families (Kumpfer & Tait, 2000).

### ***Program Format***

SFP is presented in 14 consecutive weekly sessions, each approximately 2 hours long. The program has two versions: SFP for elementary school children and their families (Kumpfer, 1994) and SFP for parents and youth 10 to 14 years of age (Molgaard, Kumpfer, & Spoth, 1994). Each version includes skills training for parents and children. Parents and children spend the first hour in their respective groups and spend the second hour together in family skills training (Kumpfer & Tait, 2000). The parents' curriculum skills training includes developing goal statements, communication techniques, and implementing behavioral techniques (Kumpfer, 1996). Alcohol and drug education are also included in the SFP curriculum for parents. The children's curriculum skills training includes activities to teach understanding and expressing emotions, social skills, problem solving, resisting peer pressure, information on alcohol and drugs, and compliance with parental rules. The family curriculum skills training provides a time for families to practice their skills in structured play therapy sessions with their children in a nonpunitive, noncontrolling, and positive way, while receiving trainer feedback and support (Kumpfer, 1996).

### ***Program Assessment***

This program utilizes the SFP Insurance Instrument, a 195 item questionnaire, which has not been standardized.

### ***Empirical Validation***

A literature search for the Strengthening Families Program on PsychINFO, Ovid, and MEDLINE identified one book chapter and five articles describing this program. Two additional articles by Kumpfer

and Tait (2000) and Kumpfer (1996), were found during general internet searches on parenting programs (see Table 2).

### ***Strengths***

This program has been specifically designed for high-risk families. The program materials address cultural diversity and allow for in-vivo practice by parents.

### ***Limitations***

This program does not address parenting skills for parents with young children (i.e., infants, toddlers, or preschool-age children). Furthermore, the validity and reliability of the instrument designed to measure parent change is unknown. Therefore, it cannot be empirically determined what parenting skills the instrument actually measures or how well it assesses these skills.

## **Parents As Teachers (PAT)**

Parents As Teachers National Center  
10176 Corporate Square Dr.  
St. Louis, MO 63132  
(314) 432-4330  
www.patnc.com

### ***Goals and Objectives***

Parents as Teachers (PAT) is a family education and support program. The curriculum, which promotes school readiness, is based on brain research and the belief that the parent is the child's first and most influential teacher. PAT focuses on the early years, prenatal through age 5, to help parents understand what to expect during each stage of the child's development. The PAT program offers the following core services: 1) Personal visits by a PAT trained educator to the family home, 2) Parent meetings to enhance parenting knowledge, gain new insights, and share experiences, 3) Screenings of overall development, health, hearing, and vision, and 4) Linkages to a community resource network beyond the scope of PAT.

The Parents as Teachers ten major goals are: 1) empower parents to give their children the best possible start in life; 2) help each child reach his or her full potential; 3) increase parents' feelings of competence and confidence; 4) increase parents' knowledge of child development and appropriate ways to stimulate children's curiosity, language, social, and motor development; 5) give children a solid foundation for school success; 6) improve parent-child interactions and strengthen family relationships; 7) turn everyday settings into learning opportunities; 8) deepen a sense of family success; 9) prevent and reduce child abuse; and 10) develop true home-school-community partnerships (Winter & McDonald, 1997).

### ***Training***

The initial core training for providers of this program is the five-day *Born to Learn*<sup>TM</sup> Institute. The training is designed to enable participants to successfully implement a PAT program for families with young children. There is also a day of follow-up training within six months of the institute. The Ages 3 through 5 training is a sequel to the *Born to Learn*<sup>TM</sup> Institute, which concentrates on child development

and parenting information for ages 3 through kindergarten. Each trainer-participant must be a currently certified parent educator and preferably have six months prior experience working with the curriculum.

After a participant has taken a core Institute training and becomes certified, he/she maintains certification by continuing professional growth. This may be achieved through attendance at: additional PAT trainings, undergraduate or graduate courses in early childhood education, conferences, workshops, seminars, etc. The parent educator must attend a minimum number of in-services during the first three years of employment ([www.patnc.com](http://www.patnc.com))

## **Populations**

PAT is designed for parents with children birth through kindergarten. The PAT curriculum materials have been adapted for use with special populations, such as teen parents, child care centers, Native Americans, Even and Head Start families, and housing project residents (Winter & McDonald, 1997).

## **Program Format**

PAT offers two instructional sets of material for birth to three and three through kindergarten. The *Born to Learn* program offers a structured curriculum based on brain development research ([www.patnc.org](http://www.patnc.org)). The Parents as Teachers program offers regularly scheduled personal visits by certified parent educators, group meetings, monitoring of children's progress, and service linkage.

The personal visits, usually held in the home, offer families one-to-one relationships that promote child and adult growth and development. The certified parent educators provide information on the child's development and model ways parents can make the most of everyday learning opportunities. These visits allow parents to address questions and concerns about parenting in the privacy of their home (Winter & McDonald, 1997). The visitor also acquires a sense of unmet health, economic, educational, and social service needs that may effect parenting (Winter, 1995 as cited in Winter & McDonald, 1997). Home visits in the Parents as Teachers program are generally one hour in length and are scheduled monthly for most families, in order to allow parents time to assimilate the new information. If family needs warrant, visits may be offered biweekly or weekly. Parent materials, written at two different reading levels, reinforce and expand on the information discussed during the visit (Winter & McDonald, 1997).

Group meetings serve three major purposes: 1) to provide a vehicle for additional input from staff as well as from outside speakers; 2) to create opportunities for families to share success and common concerns about their children's behavior and development; and 3) to help parents build support networks. Parent-child activities are provided during many of the group meetings. They are offered at least monthly and are held in a school or community facility. PAT also holds special meetings designed only for fathers and other father figures (Winter & McDonald, 1997).

Children's progress is monitored by both parents and professional educators to detect and treat any emerging problems as early as possible. Developmental screenings are conducted annually, beginning at age 1 (Winter & McDonald, 1997).

The Parents as Teachers program uses a community council to help identify resources in the community, such as diagnostic services, programs for children with special needs, learning resources for both parents and children, and health and social service programs. Families are helped to link with

programs and services they need that are beyond the scope of Parents as Teachers (Winter & McDonald, 1997).

### ***Program Assessment***

Developmental screenings are used to monitor children's progression. However, the program does not use an instrument for pre- and post- testing to assess parent change.

### ***Empirical Validation***

A literature search for the Parents as Teachers was conducted using PsychINFO, Ovid, and MEDLINE. Search results revealed one study was published in a peer review journal since 1990, two studies were published in 1989, and a book chapter was published in 1997 (see Table 4).

### ***Strengths***

This program offers parents information regarding their children's developmental growth and needs. It also addresses the educational diversity of the parents by offering curriculum at different reading levels. Moreover, the training to implement this program is comprehensive.

### ***Limitations***

The program is limited by an absence of structured discipline strategies and infrequent (once a month) contact with parents in their homes. Furthermore, the program developers require all staff involved in the implementation of this program to be trained by the program developers. Therefore, when there is high staff turnover the costs for an agency can be prohibitive. The program also does not assess parent changes through formal measurement.

## **Families And Schools Together (FAST)**

Lynn McDonald, Ph.D  
The FAST Research Project  
Wisconsin Center for Education Research  
University of Wisconsin-Madison  
1025 West Johnson  
Madison, WI 53706  
(608) 263-9476  
[www.wcer.wisc.edu/fast](http://www.wcer.wisc.edu/fast)

### ***Goals and Objectives***

Families and Schools Together is a school-based, family-focused project. This intervention is designed to provide at-risk elementary school-aged children with services to increase their self-esteem, improve their school performance, and strengthen the family unit. The four goals of FAST are: 1) enhance family functioning; 2) prevent the target child from experiencing school failure; 3) prevent alcohol and other drug abuse by the child and family; and 4) reduce the stress that parents and children experience from daily life situations" (McDonald, 1993).

The FAST program supports the whole family in order to increase the at-risk child's chances for success. FAST builds positive bonds and strengthens relationships between a mother and her child, amongst whole family units, between mothers who are in similar circumstances, and between parents and professionals in the community. FAST is guided by the philosophy that respectful relationships among school staff, parents, and children are vital to children's success in school. FAST aims to minimize the risks children experience by improving the bonds "within the family, between the family and the school, and between the child and the school" (McDonald, 1993).

## **Training**

A certified FAST team trainer trains the community FAST team. The complete FAST team (a minimum of 4 and a maximum of 10 partners) spends a total of 4 full workdays together in FAST training over a 4-month period (McDonald & Frey, 1999). The FAST training program is organized into three phases. Phase 1 consists of 2 days of community-based team training, which includes topics such as building a team; and includes observation of a FAST group meeting, distribution of the FAST training manual, consultation with the on-site FAST trainer, and planning for the first FAST group. Phase 2 includes on-site consultation visits and telephone consultations. Phase 3 involves processing the completed FAST group (McDonald, 1993).

In order to receive FAST team training to start the program, a collaborative team must be formed with a minimum of four partners: a parent from the local community, two community agency professional representatives (one from a mental health agency and one from a substance-abuse agency) and one professional from the local elementary school. Before training begins, team members must commit to attending the FAST training together and implementing a two-year program (McDonald, Billingham, Conrad, Morgan, & Payton, 1997).

The standard FAST program may be adapted to unique local site requirements. The certified FAST trainer working with the community FAST team will assist in developing appropriate adaptations (McDonald & Frey, 1999).

## **Population**

FAST targets parents of elementary school children who have been identified by their teachers as being at-risk of school failure, juvenile delinquency, and substance abuse in adolescence. Clients are referred to FAST in one of two ways. First, parents may refer themselves to the project. However, self-referral does not automatically result in inclusion in the project. Second, and more commonly, FAST invites families to participate in the project based on a teacher identifying a child as being at-risk of experiencing a range of maladaptive behavior problems in the future. Teacher referrals are reviewed by a panel of teachers, guidance counseling staff, and the school principal to determine which families will be referred to FAST. FAST has been provided to families from a broad range of socio-economic levels and cultural groups (McDonald, 1993).

## **Format**

FAST families attend eight to ten multi-family group sessions that meet once a week for 2½ hours at the children's school. The program curriculum of the multifamily meetings is derived from family therapy principles, as well as techniques from child psychiatry and group theory (McDonald, Coe-Bradish, Billingham, Dibble, & Rice, 1991; McDonald & Frey, 1999). Meetings follow a uniform agenda

that includes opening and closing rituals, structured family activities, parent education, and parent-child play therapy for children identified as at-risk. Sessions also include a parents only group discussion time, when parents are educated about topics relevant to parenting and family development, such as substance abuse, family communication, stress management, and parenting skills. To ensure that families continue to attend group meetings, FAST offers a variety of incentives, such as transportation, a hot meal, gift bags, and babysitting for infants and small children (McDonald, 1993).

After families graduate from the FAST program, they join FASTWORKS, the second phase of the FAST program. FASTWORKS is a series of parent-organized family support meetings that are scheduled once a month for two years in an effort to continue and extend the social network established during FAST (McDonald, 1993).

## ***Program Assessment***

To measure the outcome of the program for children and families at each new pilot replication site, McDonald and Billingham developed a FAST Evaluation Package (1998), which includes standardized questionnaires with established validity, reliability, and norms for children and families. Teachers and parents complete these measures to evaluate the child's mental health functioning at home and at school before and after FAST.

The following instruments are used for pre and posttreatment and followup assessments: 1) Quay-Peterson 1987 Revised Behavior Problem Checklist (RBPC; Quay & Peterson, 1987); 2) Moos' Family Environment Scale (FES; Moos, 1974); (3) Family Adaptability and Cohesion Evaluation Scales (FACES III; Olson, Portner, & Lavee, 1987); 4) the Social Insularity Subscale of the Parenting Stress Inventory (PSI; Abidin, 1986); 5) Parent Involvement Scale (Epstein, 1995); and 6) consumer feedback and satisfaction (McDonald & Billingham, 1998).

At this point, after the first evaluation of a new pilot site, it is not required for sites to continue with the evaluations. However, the author (McDonald, personal correspondence) recommends that they continue with the evaluations because "each new group of families create their own support network, some stronger than others; different teams have different energy levels; and the delivery of the program varies in quality."

## ***Empirical Validation***

A literature search of PsychINFO and Ovid identified three published articles in empirically based journals since 1990 (see Table 4).

## ***Strengths***

A team of community providers collaborate to provide wrap around services to high risk parents and children. The program involves families, schools, and agencies who commit to a high level of involvement over an extensive period of time (i.e., two years)

## ***Limitations***

A limitation of this program is that it provides services only for families with school-aged children. The program also is costly and measurement of parent change is optional.

# *Results and Conclusions*



# *Results and Conclusions*



# *Results and Conclusions*



# *Results and Conclusions*



# Recommendations and Action Plan

Through this grant we have addressed the parenting needs of mothers and fathers whose children are living in foster care because of abuse or neglect. Historically, our community has not offered these parents adequate programs to assist them in becoming more successful parents. As a result, costs for servicing the children of these families has increased along with the increase in the number of families to be served. If intensive intervention services for parents result in shortened time for reunification and these services decrease recidivism, the state would save thousands of dollars and improve the lives of families in our community.

## Summary of Parenting Needs

In our review of parenting programs offered in Hillsborough County, we found that many of the community programs were deficient in appropriate services to meet the needs of maltreating parents working toward reunification. Instead of offering these parents intensive parent support and training, maltreating parents are typically referred by DCF to an eight session parenting course. Parents with children of all ages are typically enrolled in a readily available course, rather than offered a course specific to the age of their child (i.e., infants, toddlers, preschoolers, and teens). Generally, the participants earn a parenting certificate based on attendance rather than knowledge. Although some of these parents are also referred for individual mental health and/or substance abuse counseling, measurement of the counseling intervention on participants' parenting skills is generally not conducted. Moreover, research does not support the efficacy of individual counseling as a successful intervention specific to parenting, with maltreating parents.

Furthermore, we found that the erosion to the relationship between parents and their children may be advanced through the limited completion of contact between biological parents and their children living in foster care. Many maltreating parents and children do not have the opportunity to visit each other on a consistent or frequent basis. For example, we found that almost one-third of the visits between parents and their children scheduled through the Visitation Program were canceled. What is more, this visitation figure is higher in many of the cases we discussed with the Hillsborough County

dependency attorneys and DCF caseworkers. This loss of contact further devastates attachment and exacerbates parenting problems when the children are returned home and increases the potential for recidivism. To summarize, our analysis shows that many parents are reunited with their children following further damage to the parent-child relationship and with no additional skills to parent than before the children were removed.

## Identification of a Parenting Program for Maltreating Parents

It is our recommendation that parents with serious parenting problems be provided intensive parenting interventions, which have been designed for this specific maltreatment population. The Nurturing Parenting Program offers the most appropriate format and curriculum for parents identified as neglecting or abusive. Our analysis of community resources and nationally represented parenting programs provides the foundation for the choice of this program. Moreover, by the year 2001, all counties within the state of Florida are mandated to have established the Nurturing Parenting Program as a parenting course option to parents identified as maltreating their children. Currently, all but Hillsborough and one other Florida County are in compliance with this mandate.

Unlike the majority of parenting programs, the Nurturing Parenting model addresses attachment as well as behavior management issues, works with parents and children together, is long term, and utilizes standardized instruments to monitor change. This program has been implemented nationally and continues to research its long-term effects. The strengths of this program include:

- (a) program materials for specific age groups of children and characteristics of parents;
- (b) one on one interventions involving the parent and child;
- (c) parenting interventions offered through an extensive 48-session in-home or 24- to 12-session out-of-home program;
- (d) separate program materials address:
  - birth to five,
  - six to 12
  - adolescents,
  - families with diverse cultural backgrounds,
  - parent characteristics including maltreatment and substance abuse

## Linking Parent Training and Visitation

During the separation from their children, the sole opportunity parents have to practice parenting skills is at supervised visitation. Typically, visitation between parents and children is inconsistent and does not provide an environment that strengthens the relationship between parent and child, nor does it build better parenting knowledge or skills. In order to create the most effective use of the time when separated

children and parents come together, it would be valuable to combine a parenting program with parent and child visitation.

## One Size Does Not Fit All

Parents who have lost custody of their children to the state welfare system are a diverse group of individuals and they fall along a continuum of recidivism risk and potential for change. Any parenting intervention must address these differences by offering an array of services for deep-end to shallow-end maltreating families. The current visitation system in our community is an example of how this diversity is addressed through three levels of supervised visitation. For example, the deep-end parents, who present the highest risks to their children and/or caseworkers, are provided visitation at the Children's Justice Center where the visits are highly structured, monitored and videotaped. For the less dangerous families, visitation at the caseworker's DCF office takes place under the supervision of a DCF staff. And for the shallow-end maltreating parents, supervised visitation takes place through the Child Abuse Council's Visitation Program at family friendly visitation sites.

## Addressing Transportation Barriers

Transporting children and their parents consistently and reliably from numerous counties to a visitation site remains a serious problem. Many of the parents whose children are living in foster homes do not own a car or have adequate accessibility to public transportation. Thus, in recognizing and addressing this important barrier, the authors of this grant propose that a fourth supervised visitation level be developed, which would involve the implementation of the Nurturing Parent Program in the biological parent's home during a two and a half hour weekly visitation schedule. This would solve one aspect of the transportation barrier.

However, transportation barriers also include the absence of reliable transportation for children to visit their parents. To address this aspect of the transportation barrier, children's weekly transportation from the foster home to the biological home can be achieved by matching recruited families from neighborhood churches, synagogues, and volunteer agencies with each family involved in the Nurturing Parent Program. These matched volunteer families could transport children to the weekly visitation-parenting session at the biological parent's home. Transportation liability could be addressed through certifying the volunteer families as DCF volunteers, thus allowing them liability coverage through the state.

## Addressing Case Management Needs

Recent reports funded by the Children's Board of Hillsborough County (Barrett, Dollard, Brown, Lipien, 1999; Barrett, Parsons, & Gilbertson, 2000; Smith, Strozier, & Chaffin, 2000) document the need for case management services for families visiting their children in out-of-home care. These studies

consistently found inadequate resources for maltreating families within the child protective services system. In addition to the findings of these earlier studies, our current analysis revealed a significant problem to be a lack of ongoing community support during and following reunification of parents and children. Although a variety of services are available in Hillsborough County, these services do not have the capacity to meet the existing need. For example, Family Builders Services provided by Northside Center, at the time of this report, has a waiting list of 42 families. The lack of available family services and supports necessitates going beyond the formal service system to create partnerships for ongoing family support and community connections. We suggest that our concerns can be addressed by collaborating with community agencies, churches, synagogues, and organizations such as Big Brother/Big Sister.

Based on our analysis, we propose maltreating parents be matched with families from community agencies and organizations. Volunteer families from these organizations would support the Nurturing Parent weekly parent training, provide a component of case management, and remain involved in the maltreating parent's life as a support following parent and child reunification. Community volunteer families can be trained in the Nurturing Parent model (in order for them to support and reinforce the parenting skills) and in case management techniques. These volunteer families could be available for help with transportation and other family support needs. Community volunteers would have the capacity to respond to specific family needs with flexibility as to time frame and type of support. By providing continuous case management and family support to maltreating families, the needs of children and families would be met in a more timely and comprehensive manner improving outcomes for all concerned.

# *Funding Identification Plan*

We intend to seek external funding for an investigator initiated grant application. This proposed research project will implement and evaluate the effectiveness of a model combining visitation, case management services, and a parent training intervention based on the Nurturing Parenting Program for families with children in foster home care. In keeping with our recommendations, we will collaborate with community agencies and organizations in order to complete this research. At this time, we are considering a number of public and private venues for financial support. Private options include such entities as the R.W.J. Foundation, W.T. Kellogg Foundation, and Annie E. Casey Foundation and federal agencies such as the National Institute of Child Health and Human Development, National Institute of Mental Health (NIMH) and the Substance Abuse Mental Health Services Administration (SAMHSA).

In addition, we intend to submit an analysis grant application to the Children's Board of Hillsborough County to conduct a secondary data analysis of existing Child Welfare, Medicaid, State Integrated Data (IDS), and Criminal Justice information. These data will allow us to determine the important parent characteristics and risk factors for child abuse and recidivism potential.

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# Glossary of Terms

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16 PF	Sixteen Personality Factor Questionnaire	Cattell, 1993
AAPI	Adult Adolescent Parenting Inventory	Bavolek, 1989
APACBS	Adlerian Parental Assessment of Child Behavior Scale	McKay, 1976
BSID	Bayley Scales of Infant Development	Psychological Corp., 1993
CAAP	Child and Adolescent Adjustment Profile	Ellsworth, 1977
CAP-I	Child Abuse Potential Inventory	Milner & Wimberly, 1979
CBCL	Child Behavior Checklist	Achenbach & Edelbrock, 1988
CPI	Children's Personality Inventory	Bavolek
CPQ	Children's Personality Questionnaire	Porter & Cattell, 1969
CRPBI	Child's Report of Parent Behavior Inventory	Schludermann & Schludermann, 1970
DPII	Developmental Profile II	Alpern, et al., 1986
ESPQ	Early School Personality Questionnaire Family Social History Questionnaire	
FACES-III	Family Adaptability and Cohesion Evaluation Scale	Olson, 1982
FES	Family Environment Scale	Moos, 1974
HOME	Home Observation for Measurement of the Environment Inventory	Caldwell & Bradley, 1984
HSPQ	High School Personality Questionnaire Nurturing Quiz	Cattell & Belloff, 1963 Bavolek
KIDI	Knowledge of Infant Development Inventory	MacPhee, 1989
PAS	Parent Attitude Survey	Hereford, 1963
	Piers-Harris Children's Self-Concept Scales	Piers & Harris 1969
PPVT	Peabody Picture Vocabulary Test	Dunn & Dunn, 1981
PSOC	Parenting Sense of Competence Scale	Gibaud-Wallston & Wandersman, 1978
RBPC	Revised Behavior Problem Checklist	Quay & Peterson, 1987
STEP	Evaluation Questionnaire	Brooks, et al., 1988? (article)

## **Focus Group Adult Informed Consent University of South Florida**

This information is to help you decide if you want to take part today in a focus group for the Parent Visitation Project. Please read carefully. If you do not understand something, please ask the focus group facilitator.

<b>Title of Study:</b>	Parent Visitation Project
<b>Study Location:</b>	Hillsborough County
<b>Principal Investigator:</b>	Kathryn Kuehnle, Ph.D. at 813-974-2851 Marion Becker, Ph.D. at 813-974-7188 College of Public Health, MHC 2595
<b>Co-Investigators:</b>	Nancy Lynn

### ***Purpose***

The overall goal of this research is to produce information and knowledge to improve services for families whose children are in out of home placement. You are being asked to participate because you may have issues and concerns similar to other parents who have children in out of home placement.

### ***Duration and Location of the Study***

Your taking part in this study will include one focus group that will last about 1 hour. Your participation in this study will take place at a time and Visitation project site that is most convenient to you. Eight biological parents, foster parents, and relatives providing kinship care will participate in each focus group.

### ***Procedures***

Your taking part in this focus group is completely your own choice. If you agree to be in the focus group you will be asked about experiences with your parenting services and activities that take place or have taken place during your visitation with your children. The focus group will be audio-recorded for the purpose of accurately documenting the discussion of parenting experiences with the service system. Transcripts of these audiotapes will be produced, however, no identification of participants will be included with these transcripts.

### ***Potential Risks***

The only risk is that you will be asked to reveal personal information about yourself and your parenting experiences. Answering personal questions can make some people upset. If that happens, you may refuse to answer the question. You may withdraw from the focus group at any time. You can also

talk with the research staff person about your concerns. You may decide at any time not to complete the focus group and this will not effect the services you receive in any way.

## ***Gains***

The information gathered in this study may help others in the future. Information will be used to improve services to parents whose children are in out of home placement. However, there may be no direct gain to you from taking part in this focus group

## ***Confidentiality***

Focus groups are confidential. Your information will not be shared with anyone to the extent possible by law. The information that you provide to us will be kept in locked files. You will not be identified in any reports. Only the research staff will be able to read your information. Data files, transcripts, and audiotapes based on summaries of the focus group will be maintained but without information that would identify individual participants by name. Confidentiality of each participant's identity will be protected by requiring each focus group member/participant to sign the consent form agreeing that they will not discuss identities of the members outside of the focus group.

There are three exceptions. First, any evidence of child abuse or neglect you inform us about during a focus group that has not been reported to state authorities previously must be reported to the proper people. Second, if you say that you clearly plan to harm someone or yourself, the research staff must tell people who can help. People doing research with the proper permission, people from the Department of Health and Human Services, and the USF Institutional Review Board may inspect the records from this research project.

Finally, the information in this study is **not** protected from subpoena at this time. Although your name will not be connected to any information in this study, except the informed consent, which will be stored and locked separately, **if you feel your answers to any of the questions may cause you legal problems, do not answer them.** There is no penalty for refusing to answer any question.

## ***Payment***

You will receive \$15 in cash after you complete the focus group to pay you for your time.

## ***Volunteering to Be Part of this Research Study***

You understand that taking part in this study is your own choice. You understand that you may withdraw from the focus group at any time without penalty or loss of services. You understand that the focus group facilitator also has the right to stop the focus group at any time.

## ***Questions and Contacts***

If you have any questions about this research study, you may contact:

- Kathryn Kuehnle, Ph.D. at the University of South Florida at (813) 974-2851.

If you have any questions about your rights as a person taking part in a research study, you may contact a member of the Division of Research Compliance at the University of South Florida at (813) 974-5638.

***Your Consent—By signing this form I agree that:***

- I have fully read or have had read and explained to me in my own language this informed consent form describing a research project.
- I have had the chance to question one of the persons in charge of this research and have received satisfactory answers.
- I understand that I am being asked to take part in research. I understand the risks and gains, and I freely give my consent to be in the research project described in this form, when it is done as described.
- I have been given a signed copy of this informed consent form, which is mine to keep.

---

Signature of Participant   Printed Name of Participant                      Date

---

Signature of Witness                      Printed Name of Witness                      Date

**Investigator Statement**

I have carefully explained to the subject the nature of the above protocol. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks and benefits involved in taking part in this study.

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Signature of Investigator   Printed Name of Investigator                      Date

***Institutional Approval of Study and Informed Consent***

This research project/study and informed consent form were reviewed and approved by the University of South Florida Institutional Review Board for the protection of human subjects. This approval is valid until the date provided below. The board may be contacted at (813) 974-5638.

## Key Informant Focus Group Adult Informed Consent University of South Florida

This information is to help you decide if you want to take part today in a focus group for the Parent Visitation Project. Please read carefully. If you do not understand something, please ask the focus group facilitator.

**Title of Study:** Parent Visitation Project  
**Study Location:** Hillsborough County  
**Principal Investigator:** Kathryn Kuehnle, Ph.D. at 813-974-2851  
Marion Becker, Ph.D. at 813-974-7188  
College of Public Health, MHC 2595  
**Co-Investigators:** Nancy Lynn

### ***Purpose***

The overall goal of this research is to produce information and knowledge to improve services for families whose children are in out of home placement. You are being asked to participate because you have experience and knowledge regarding this population.

### ***Duration and Location of the Study***

Your taking part in this study will include one focus group that will last about 1 hour. Your participation in this study will take place at a time that is most convenient to you. Eight staff members will participate in each focus group.

### ***Procedures***

Your taking part in this focus group is completely your own choice. If you agree to be in the focus group you will be asked about your experiences with providing services to parents. The focus group will be audio-recorded for the purpose of accurately documenting the discussion. Transcripts of these audiotapes will be produced, however, no identification of participants will be included with these transcripts.

### ***Potential Risks***

There are no perceived risks to participating in this study.

### ***Gains***

The information gathered in this study may help others in the future. Information will be used to improve services to parents whose children are in out of home placement.

## ***Confidentiality***

Focus groups are confidential. Your information will not be shared with anyone to the extent possible by law. The information that you provide to us will be kept in locked files. You will not be identified in any reports. Data files, transcripts, and audiotapes based on summaries of the focus group will be maintained but without information that would identify individual participants by name. Confidentiality of each participant's identity will be protected by requiring each focus group member/participant to sign the consent form agreeing that they will not discuss identities of the members outside of the focus group. Information will be aggregated across all agencies participating and information will not be linked to specific agencies in any reports.

## ***Payment***

You will receive no payment.

## ***Volunteering to Be Part of this Research Study***

You understand that taking part in this study is your own choice. You understand that you may withdraw from the focus group at any time without penalty. You understand that the focus group facilitator also has the right to stop the focus group at any time.

## ***Questions and Contacts***

If you have any questions about this research study, you may contact:

- Kathryn Kuehnle, Ph.D. at the University of South Florida at (813) 974-2851.

If you have any questions about your rights as a person taking part in a research study, you may contact a member of the Division of Research Compliance at the University of South Florida at (813) 974-5638.

## ***Your Consent—By signing this form I agree that:***

- I have fully read or have had read and explained to me in my own language this informed consent form describing a research project.
- I have had the chance to question one of the persons in charge of this research and have received satisfactory answers.
- I understand that I am being asked to take part in research. I understand the risks and gains, and I freely give my consent to be in the research project described in this form, when it is done as described.
- I have been given a signed copy of this informed consent form, which is mine to keep.

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Signature of Participant Printed Name of Participant

Date

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Signature of Witness

Printed Name of Witness

Date

### **Investigator Statement**

I have carefully explained to the subject the nature of the above protocol. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks and benefits involved in taking part in this study.

---

Signature of Investigator Printed Name of Investigator

Date

### ***Institutional Approval of Study and Informed Consent***

This research project/study and informed consent form were reviewed and approved by the University of South Florida Institutional Review Board for the protection of human subjects. This approval is valid until the date provided below. The board may be contacted at (813) 974-5638.

## **Case Study Bio Parent Interview Adult Informed Consent University of South Florida**

This information is to help you decide if you want to take part today in an interview for the Parent Visitation Project. Please read carefully. If you do not understand something, please ask the interviewer.

**Title of Study:** Parent Visitation Project  
**Study Location:** Hillsborough County  
**Principal Investigator:** Kathryn Kuehnle, Ph.D. at 813-974-7830  
Marion Becker, Ph.D. at 813-974-7188  
College of Public Health, MHC 2595  
**Co-Investigators:** Nancy Lynn

### ***Purpose***

The overall goal of this research is to produce information and knowledge to improve services for families whose children are in out of home placement. You are being asked to participate because you may have issues and concerns similar to other parents who have children in out of home placement.

### ***Duration and Location of the Study***

Your taking part in this study will include one interview that will last about 1 hour. Your participation in this study will take place at a time and Visitation project site that is most convenient for you. The number of parents who might take part in individual interviews is eight.

### ***Procedures***

Your taking part in this interview is completely your own choice. If you agree to be in the study, you will be asked a series of questions about your background and experience with your parenting services and activities that take place have taken place during your visitation with your children. The interview will be audio-recorded for the purpose of accurately documenting the discussion of parenting experiences with the service system. Transcripts of these audiotapes will be produced, however, no identification of participants will be included with these transcripts.

### ***Potential Risks***

The only risk is that you will be asked to reveal personal information about yourself and your parenting experiences. Answering personal questions can make some people upset. If that happens, you may refuse to answer the question. If you need to, you can choose to stop the interview and do it at another time. You may withdraw from the study at any time. You can also talk with the research staff person about your concerns. You may decide at any time not to complete the interview and this will not effect the services you receive in any way.

## ***Gains***

The information gathered in this study may help others in the future. Information will be used to improve services to parents whose children are in out of home placement. However, there may be no direct gain to you from taking part in this study

## ***Confidentiality***

Your information will not be shared with anyone to the extent possible by law. Your information will be kept in locked files. Your name will not be identified in any reports. Only the research staff will be able to read the information you provide to us.

There are three exceptions. First, any evidence of child abuse or neglect you inform us of during an interview that has not been reported to state authorities previously must be reported to the proper authorities. Second, if you say that you clearly plan to harm someone or yourself, the research staff must tell people who can help. People doing research with the proper permission, people from the Department of Health and Human Services, and the USF Institutional Review Board may inspect the records from this research project.

Finally, the information in this study is **not** protected from subpoena at this time. Although your name will not be connected to any information in this study, except the informed consent, which will be stored and locked separately, **if you feel your answers to any of the questions may cause you legal problems, do not answer them.** There is no penalty for refusing to answer any question.

## ***Payment***

You will receive \$15 in cash after you complete the research interview to pay you for your time.

## ***Volunteering to Be Part of this Research Study***

You understand that taking part in this study is your own choice. You understand that you may stop the interview at any time without penalty or loss of services. You understand that the interviewer also has the right to stop the interview at any time.

## ***Questions and Contacts***

If you have any questions about this research study, you may contact: Kathryn Kuehnle, Ph.D. at the University of South Florida at (813) 974-2851.

If you have any questions about your rights as a person taking part in a research study, you may contact a member of the Division of Research Compliance at the University of South Florida at (813) 974-5638.

## ***Your Consent—By signing this form I agree that:***

- I have fully read or have had read and explained to me in my own language this informed consent form describing a research project.
- I have had the chance to question one of the persons in charge of this research and have received satisfactory answers.

- I understand that I am being asked to take part in research. I understand the risks and gains, and I freely give my consent to be in the research project described in this form, when it is done as described.
- I have been given a signed copy of this informed consent form, which is mine to keep.

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Signature of Participant	Printed Name of Participant	Date
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Signature of Witness	Printed Name of Witness	Date
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**Investigator Statement**

I have carefully explained to the subject the nature of the above protocol. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks and benefits involved in taking part in this study.

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Signature of Investigator	Printed Name of Investigator	Date
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***Institutional Approval of Study and Informed Consent***

This research project/study and informed consent form were reviewed and approved by the University of South Florida Institutional Review Board for the protection of human subjects. This approval is valid until the date provided below. The board may be contacted at (813) 974-5638.

## **Key Informant Interview Adult Informed Consent University of South Florida**

This information is to help you decide if you want to take part today in an interview for the Parent Visitation Project. Please read carefully. If you do not understand something, please ask the interviewer.

**Title of Study:** Parent Visitation Project  
**Study Location:** Hillsborough County  
**Principal Investigator:** Kathryn Kuehnle, Ph.D. at 813-974-7830  
Marion Becker, Ph.D. at 813-974-7188  
College of Public Health, MHC 2595  
**Co-Investigators:** Nancy Lynn

### ***Purpose***

The overall goal of this research is to produce information and knowledge to improve services for families whose children are in out of home placement. You are being asked to participate because you have experience and knowledge regarding this population.

### ***Duration and Location of the Study***

Your taking part in this study will include one interview that will last about 1 hour. Your participation in this study will take place at a time that is most convenient for you.

### ***Procedures***

Your taking part in this interview is completely your own choice. If you agree to be in the study, you will be asked a series of questions about your background and experience with providing services to parents. The interview will be audio-recorded for the purpose of accurately documenting the discussion. Transcripts of these audiotapes will be produced, however, no identification of participants will be included with these transcripts.

### ***Potential Risks***

There are no perceived risks to participating in this study.

### ***Gains***

The information gathered in this study may help others in the future. Information will be used to improve services to parents whose children are in out of home placement.

## ***Confidentiality***

Your information will not be shared with anyone to the extent possible by law. Your information will be kept in locked files. Your name will not be identified in any reports. Information will be aggregated across all agencies participating and information will not be linked to specific agencies in any reports.

## ***Payment***

You will not receive any payment.

## ***Volunteering to Be Part of this Research Study***

You understand that taking part in this study is your own choice. You understand that you may stop the interview at any time. You understand that the interviewer also has the right to stop the interview at any time.

## ***Questions and Contacts***

If you have any questions about this research study, you may contact:

- Kathryn Kuehnle, Ph.D. at the University of South Florida at (813) 974-2851.

If you have any questions about your rights as a person taking part in a research study, you may contact a member of the Division of Research Compliance at the University of South Florida at (813) 974-5638.

## ***Your Consent—By signing this form I agree that:***

- I have fully read or have had read and explained to me in my own language this informed consent form describing a research project.
- I have had the chance to question one of the persons in charge of this research and have received satisfactory answers.
- I understand that I am being asked to take part in research. I understand the risks and gains, and I freely give my consent to be in the research project described in this form, when it is done as described.
- I have been given a signed copy of this informed consent form, which is mine to keep.

---

Signature of Participant

Printed Name of Participant

Date

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Signature of Witness

Printed Name of Witness

Date

## ***Investigator Statement***

I have carefully explained to the subject the nature of the above protocol. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks and benefits involved in taking part in this study.

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Signature of Investigator   Printed Name of Investigator                      Date

***Institutional Approval of Study and Informed Consent***

This research project/study and informed consent form were reviewed and approved by the University of South Florida Institutional Review Board for the protection of human subjects. This approval is valid until the date provided below. The board may be contacted at (813) 974-5638.

# Appendix E: Parenting Programs Survey of Hillsborough County

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Date

Dear (Agency Name)

Dr. Kathryn Kuehnle and Dr. Marion Becker are gathering information on parenting treatment programs in Hillsborough county and would be grateful if you would take a moment and answer the following questionnaire. The information gained in this study will be used to improve services for parents.

Thank you very much for your information. Please return the questionnaire by fax or mail using the information at the bottom of the page. Thank you very much for assisting us in this very important project for the community. If you have any questions feel free to call Dr. Kathryn Kuehnle at (813) 974-2851 or Marion Becker at (813) 974-7188.

Sincerely,

Kathryn Kuehnle, Ph.D.

Marion Becker, RN, Ph.D.

# Appendix F: Parenting Program Questionnaire

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To Survey Responders;

In filling out and returning this questionnaire, you are indicating your informed consent and willingness to provide the following information.

## Questionnaire

- 1) Do you use a specific parenting training model or program? Yes No  
a) If yes, what is the name of the program/model? \_\_\_\_\_
- 2) What does your specific parenting training consist of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) How many sessions does it include?  
\_\_\_\_\_
- 4) What ages of children does the parenting training program cover?  
\_\_\_\_\_
- 5) Do you include parents with children whose ages are outside of the model? Yes No
- 6) Do you provide in home services? Yes No  
a) If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Do you take court-ordered parents? Yes No
- 8) Does your parenting training program have a manual? Yes No
- 9) Do you offer your parenting program to parents who maltreated their children? Yes No  
a) Do you evaluate parents' learning or behavior change as a result of your training? Yes No  
b) If yes, how?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) What percentage of parents who start your training complete the program?  
\_\_\_\_\_
- 11) Finally, Agency name:  
\_\_\_\_\_

# Appendix G: Contact Information for Selected Hillsborough Agencies

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