

2016 Kentucky Family Impact Seminars

# Briefing Report



**Reducing Child Abuse and Neglect:**  
Evidence-Based Parent Education  
and Other Effective Support Programs







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## **Reducing Child Abuse and Neglect: Evidence-Based Parent Education and Other Effective Support Programs**

The annual Kentucky Family Impact Seminars is a project of the School of Human Environmental Sciences, the Kentucky Cooperative Extension Service and the College of Agriculture, Food and Environment at the University of Kentucky.

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# Welcome



On behalf of the University of Kentucky School of Human Environmental Sciences, I would like to welcome you to the third annual Kentucky Family Impact Seminar. Our mission is to improve the quality of life for Kentucky citizens through academic programs, innovative research, and community engagement. We host the Kentucky Family Impact Seminar each year so we can present legislators with current and unbiased research on issues that affect children and families. Our hope is that this information will later be used to help make sound policy decisions and encourage policymakers to examine the impact policies will have on children and families.

This year's seminar focuses on evidence-based approaches for the prevention of child abuse and neglect, specifically on parenting education programs that have proven effective. Child abuse and neglect, also described as child maltreatment, have negative repercussions on children's development and well-being. Alarming, reported cases of child maltreatment have been increasing steadily in Kentucky and the nation over the past five years. The prevention of child abuse and neglect merits more attention among researchers, practitioners, and policymakers. Evidence-based parenting programs promote more effective parenting and have the potential to diminish the probability of child abuse and neglect. This briefing report provides further relevant, evidence-based information on child maltreatment prevention. Armed with this knowledge, policymakers can be more cognizant of the importance and positive impact that effective parenting training can have on Kentucky families.

In closing, the School of Human Environmental Sciences, in partnership with the Department of Family and Consumer Sciences Extension, would like to thank our legislative supporters, Sen. Julie Raque Adams and Rep. Tom Burch. Their endorsement of the Kentucky Family Impact Seminars is a testament to the importance of evidence-based policy decision-making.

We look forward to working toward our mission to improve the quality of life for individuals and families through these seminars. It is my sincere hope that these seminars will serve as an educational tool that you can use in your work for Kentucky families and that you will continue to support our efforts by attending future seminars.

Thank you,

**Ann Vail, Ph.D.**

Director

University of Kentucky

School of Human Environmental Sciences



## Purpose and Presenters

**R**educing Child Abuse and Neglect: Evidence-Based Parent Education and Other Effective Support Programs, is the topic of the third annual Kentucky Family Impact Seminar, hosted by the University of Kentucky. The Kentucky Family Impact Seminars provide objective, current, and solution-oriented family issues research to state legislators and their aides, governor's office staff, legislative service agency staff, and state agency officials. The research presented at the seminars is objective and nonpartisan and does not lobby for specific policy positions. Seminar participants discuss policy options and identify common ground where it exists. These seminars connect research with state policy and bring a family perspective to policymaking.

For audio recordings and PowerPoints of speaker presentations, please visit our website at [hes.uky.edu/fis](http://hes.uky.edu/fis).

### The third annual Kentucky Family Impact Seminar features the following speakers:

**Joann Lianekhammy, Ph.D.**

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# Acknowledgments

The Coordinating Committee for the third annual Kentucky Family Impact Seminar acknowledges the support of the many individuals and organizations whose work made the seminar possible.

**Sen. Julie Raque Adams**

Co-Chair of the 2016 Interim Joint Committee on Health and Welfare

**Rep. Tom Burch**

Co-Chair of the 2016 Interim Joint Committee on Health and Welfare

**Leadership at the University of Kentucky:**

<b>Eli Capiluto</b>	President
<b>Nancy Cox</b>	Dean, College of Agriculture, Food and Environment
<b>Jimmy Henning</b>	Associate Dean for Extension and Director, Cooperative Extension Service
<b>Ann Vail</b>	Director, School of Human Environmental Sciences and Assistant Director of Family and Consumer Sciences Extension
<b>Drew Graham</b>	Senior Assistant Dean and Director of Advancement, College of Agriculture, Food and Environment

Members of the School of Human Environmental Sciences: Jan Childers, Brian Fitzpatrick, Donna Hancock, Kim Henken, Rusty Manseau, and Darlene Tipton.

We would also like to gratefully acknowledge the financial support of the University of Kentucky:

School of Human Environmental Sciences  
Kentucky Cooperative Extension Service  
College of Agriculture, Food and Environment



# The Family Impact Guide for Policymakers

## Viewing Policies Through the Family Impact Lens

*Most policymakers would not think of passing a bill without asking, "What's the economic impact?"*

*This guide encourages policymakers to ask, "What is the impact of this policy on families?"  
"Would involving families result in more effective and efficient policies?"*

**W**hen economic questions arise, economists are routinely consulted for data and forecasts. When family questions arise, policymakers can turn to family scientists for data and forecasts to make evidence-informed decisions. The Family Impact Seminars developed this guide to highlight the importance of family impact and to bring the family impact lens to policy decisions.

### Why Family Impact Is Important to Policymakers

Families are the most humane and economical way known for raising the next generation. Families financially support their members and care for those who cannot always care for themselves—the elderly, frail, ill, and disabled. Yet families can be harmed by stressful conditions—the inability to find a job, afford health insurance, secure quality child care, and send their kids to good schools. Innovative policymakers use research evidence to invest in family policies and programs that work and to cut those that don't. Keeping the family foundation strong today pays off tomorrow. Families are a cornerstone for raising responsible children who become caring, committed contributors in a strong democracy and competent workers in a sound economy.<sup>1</sup>

In polls, state legislative leaders endorsed families as a sure-fire vote winner.<sup>2</sup> With the exception of a two-week period, family-oriented words appeared every week Congress was in session for more than a decade; these mentions of *family* cut across gender and political party.<sup>3</sup> The symbol of *family* appeals to common values that rise above politics and hold the potential to provide common ground. However, family considerations are not systematically addressed in the normal routines of policymaking.



### How the Family Impact Lens Has Benefited Policy Decisions

- In one Midwestern state, using the family impact lens revealed differences in program eligibility depending upon marital status. For example, seniors were less likely to be eligible for the state's prescription drug program if they were married than if they were unmarried but living together.
- In a rigorous cost-benefit analysis of 571 criminal justice programs, those that were most cost-beneficial in reducing future crime were targeted at juveniles. Of these, the five most cost-beneficial rehabilitation programs and the single-most cost-beneficial prevention program were family-focused approaches.<sup>4</sup>
- For substance use prevention in youth, programs that changed family dynamics were found to be, on average, more than nine times as effective as programs that focused only on youth.<sup>5</sup>





## How Policymakers Can Examine Family Impacts of Policy Decisions

Nearly all policy decisions have some effect on family life. Some decisions affect families directly (e.g., child support or long-term care), and some indirectly (e.g., corrections or jobs). The family impact discussion starters below can help policymakers figure out what those family impacts are and how family considerations can be taken into account, particularly as policies are being developed.

### Family Impact Discussion Starters

How will the policy, program, or practice:

- support rather than substitute for family members' responsibilities to one another?
- reinforce family members' commitment to each other and to the stability of the family unit?
- recognize the power and persistence of family ties, and promote healthy couple, marital, and parental relationships?
- acknowledge and respect the diversity of family life (e.g., different cultural, ethnic, racial, and religious backgrounds; various geographic locations and socioeconomic statuses; families with members who have special needs; and families at different stages of the life cycle)?
- engage and work in partnership with families?

### Ask for a Full Family Impact Analysis

Some issues warrant a full family impact analysis to more deeply examine the intended and unintended consequences of policies on family well-being. To conduct an analysis, use the expertise of (1) family scientists who understand families and (2) policy analysts who understand the specifics of the issue.

- Family scientists in your state can be found at <http://www.familyimpactseminars.org>
- Policy analysts can be found on your staff, in the legislature's nonpartisan service agencies, at university policy schools, etc.

## Apply the Results

Viewing issues through the family impact lens rarely results in overwhelming support for or opposition to a policy or program. Instead, it can identify how specific family types and particular family functions are affected. These results raise considerations that policymakers can use to make policy decisions that strengthen the many contributions families make for the benefit of their members and the good of society.

## Additional Resources

Several family impact tools and procedures are available on the website of the Family Impact Institute at <http://www.familyimpactseminars.org>.

<sup>1</sup> Bogenschneider, K., & Corbett, T. J. (2010). Family policy: Becoming a field of inquiry and subfield of social policy [Family policy decade review]. *Journal of Marriage and Family*, 72, p. 783-803.

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<sup>3</sup> Strach, P. (2007). *All in the family: The private roots of American public policy*. Stanford, CA: Stanford University Press.

<sup>4</sup> Aos, S., Miller, M., & Drake, E. (2006). *Evidenced-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia, WA: Washington State Institute for Public Policy.

<sup>5</sup> Kumpfer, K. L. (1993, September). *Strengthening America's families: Promising parenting strategies for delinquency prevention—User's guide* (U.S. Department of Justice Publication No. NCJ140781). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

*This guide was adapted with permission from Karen Bogenschneider, Family Policy Specialist, WU-Extension*

### QUESTIONS POLICYMAKERS CAN ASK TO BRING THE FAMILY IMPACT LENS TO POLICY DECISIONS:

- How are families affected by the issue?
- In what ways, if any, do families contribute to the issue?
- Would involving families result in more effective policies and programs?



## Executive Summary

In this briefing report, the terms child abuse and neglect also refer to child maltreatment. Child abuse has been defined as a nonaccidental physical injury that results from punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, or burning.<sup>1</sup> There are different types of abuse: physical (e.g., beating, kicking, biting, stabbing, and burning); sexual (e.g., penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution); and emotional (e.g., constant criticism, threats, or rejection).<sup>1,2,3</sup> Child neglect, on the other hand, refers to the failure of a parent or caregiver to provide for a child's basic needs.<sup>1</sup> Types of neglect include physical (e.g., failure to provide necessary food, clothing or shelter, or absence of or inadequate supervision); medical (e.g., failure to provide necessary medical treatment); educational (e.g., failure to educate or attend to special education needs); and emotional (e.g., verbal abuse, threats of maltreatment, inattention to emotional necessities, failure to provide mental care, or allowing use of alcohol or other drugs or exposure to domestic violence).<sup>1,2</sup>

Abuse and neglect can have severe and long-lasting effects on children. Effects can be physical, emotional, or behavioral and include skin lesions, fractures, improper brain development, impaired cognitive (learning ability), lower language development, blindness, cerebral palsy from head trauma, increased risk for heart, lung, and liver diseases, obesity, high blood pressure, high cholesterol, depression, anxiety, and aggressive behaviors.<sup>4,5</sup> The more prolonged, recurrent, and severe the abuse, the more severe the consequences.<sup>5</sup>

Reported cases of child abuse and neglect in Kentucky have steadily increased, making this an alarming and growing issue. In the last five years (2010-2014), 208 Kentucky children were involved in child maltreatment events that caused death or severe injury.<sup>14</sup> In many cases, the person responsible for the abuse or neglect of a child,<sup>6</sup> —the perpetrator—was the parent. There is a compelling need to address this problem before it occurs.<sup>7,8</sup>

### Evidence-based and other effective parenting programs

Evidence-based programs are those that have proven effective based on the results of meticulous evaluations.<sup>13</sup> Research shows that evidence-based parenting programs can promote more effective parenting and have the potential to diminish the likelihood of child abuse and neglect. Parent education and home visitation are examples of prevention programs for at-risk parents that have proved successful in strengthening parenting skills.<sup>9</sup> Some evidence-based parenting programs for the prevention of child abuse and neglect include: The Nurturing Parenting Programs; The Incredible Years; Dare To Be You; Positive Parenting Program (Triple P); Families and Schools Together; 1-2-3 Magic; the Strengthening Families Program; and the Guiding Good Choices Program.<sup>10</sup> These programs show promise for use and results with diverse children and families.<sup>12</sup> Two other promising programs are Intentional Harmony and Make Parenting a Pleasure.<sup>11</sup> In general, these parent education programs provide social support and educate parents regarding normal child development and parenting strategies. They also enhance emotional communication and positive child-parent interaction skills.<sup>2,10</sup>

At this year's Kentucky Family Impact Seminar, four national experts will provide information on evidence-based programs to prevent child abuse and neglect, specifically effective parenting education programs. From the University of Kentucky, Joan Lianekhammy, Ph.D., senior extension specialist in the School of Human Environmental Sciences, and Justin Miller, Ph.D., assistant professor in the College of Social Work, will discuss current and emerging trends in conceptualizing, assessing, and treating child maltreatment. After analyzing definitions for child maltreatment, the presenters will discuss state and national statistics on child abuse and neglect (CAN) and the consequences of CAN, including placement of children in foster and kinship care. Lianekhammy

and Miller will conclude by exploring current prevention and treatment efforts associated with child maltreatment in Kentucky and will identify appropriate areas of growth for these services.

Next, Daniel Whitaker, Ph.D., professor and director of the Division of Health Promotion and Behavior and the National SafeCare Training and Research Center (NSTRC) at Georgia State University, will discuss evidence-based parenting programs that have been used to prevent child maltreatment. Whitaker will define evidence-based programs, describe specific evidence-based parenting programs and their key

elements, and discuss the importance of rigorous implementation and quality control in implementing an evidence-based practice.

In the final presentation, Kristin Valentino, Ph.D., associate professor in the Department of Psychology at the University of Notre Dame, will discuss relational approaches to secondary prevention of child maltreatment and child psychopathology. Valentino will define secondary prevention, relational intervention approaches, and specific risk factors that these approaches can target. Her presentation will conclude with examples of brief and intensive evidenced-based relational approaches, including the results of an interventional pilot study that she conducted. She will also explain different approaches for secondary prevention programs, which prevent subsequent maltreatment among families already involved in the court system.

Summaries of key articles related to evidence-based and other effective parenting programs that prevent child maltreatment are shared. The first summary, *Cultural Considerations in Refining Intervention Designs*, provides information about the concepts of culture and parenting as a framework for understanding diverse families' experiences with the United States child welfare system. The report discusses a new way of understanding culture and the importance of using that definition as an orienting concept to understand child maltreatment. It provides context to the past and current disproportional involvement that certain subgroups and populations have had with child welfare systems. The document also provides suggestions for moving research, policy, and practice forward in a way that considers variations in parenting and culture. Finally, the authors recommend strategies for improving the child maltreatment prevention field's capacity to promote child well-being in culturally diverse families and communities.

The summary from the article *Initial Implementation Indicators from a Statewide Rollout of SafeCare Within a*





*Child Welfare System* discusses the implementation of SafeCare, an evidence-based practice that addresses child neglect, into the child welfare system. SafeCare is a behaviorally based training model that focuses on home safety, child health, and parent-child interactions in homes where maltreatment is or has been present. The program targets parents of children birth to age 5. This report discusses the rollout and implementation of SafeCare and the resulting correlated indicators and outcomes. Also noted are the organizational and system-level variables that impacted program implementation.

The final summary, *Training Maltreating Parents in Elaborative and Emotion-Rich Reminiscing with Their Preschool-Aged Children*, addresses the Reminiscing and Emotion Training (RET) intervention method. RET focuses on facilitating elaborative and emotionally supportive parent-child communication. The training is used as an intervention with maltreating parents and their children during early childhood. Intervention during early childhood may provide the most beneficial impact on the child and family due to the rapid developmental changes at this age and the high prevalence of abuse and neglect in children under the age of 7. This article documents the process of this brief training and the possible effects and benefits of parental and child reminiscing on the parent-child relationship and the emotional and cognitive well-being of children.

The 2016 Kentucky Family Impact Seminar provides research-based information through a series of presentations by national experts on child abuse and neglect prevention programs. Please keep in mind the seminar does not advocate for any position. Rather, it is intended to be a resource that offers policymakers valuable information on how specified issues are impacting families in the Commonwealth.

## Sources

<sup>1</sup> Child Welfare Information Gateway. Children's Bureau/ACYF/ACF/HHS. (2013). What is child abuse and neglect? Recognizing the

signs and symptoms. Fact sheet. Retrieved from <https://www.childwelfare.gov/pubpdfs/whatiscan.pdf>

<sup>2</sup> Kaplan, S. J., Pelcovitz, D. & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the past 10 years. Part I: Physical and emotional abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, p. 1214-1222.

<sup>3</sup> Coalition for Responsible Home Education. (n. d.). What are abuse and neglect? Retrieved from <http://www.responsiblehomeschooling.org/child-wellbeing/what-are-abuse-and-neglect/>

<sup>4</sup> Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention. (2014). Child maltreatment: Consequences. Retrieved from <http://www.cdc.gov/ViolencePrevention/childmaltreatment/consequences.html>

<sup>5</sup> Hines, D.A., & Malley-Morrison, K. (2005). *Family Violence in the United States: Defining, Understanding, and Combating Abuse*. Sage Publications, Inc. CA: Thousand Oaks.

<sup>6</sup> Prevent Child Abuse Kentucky. (2014). Data facts – CY 2014. Retrieved from <http://www.pcaky.org/images/files/Data%20Facts%20CPS%20Calendar%20Year%202014%20.pdf>

<sup>7</sup> U.S. Department of Health and Human Services, Administration for Children and Families Administration on Children, Youth and Families Children's Bureau. (2013). *Child maltreatment 2013*. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2013>

<sup>8</sup> Kentucky Department for Public Health (n. d.). Title V Fact Sheet. *Child maltreatment in Kentucky*.

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<sup>10</sup> Virginia Child Protection Newsletter (2013). Evidence-based parent education programs. Retrieved from <http://psychweb.cisat.jmu.edu/graysojh/pdfs/Volume097.pdf>

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<sup>12</sup> Finno-Velasquez, Shuey, E. A., Kotake, C., & Miller, J. J. (2015). Cultural considerations in refining intervention designs. In D. Daro, A. C. Donnelly, L. A. Huang, & B. J. Powell (Editors), *Advances in Child Abuse Prevention Knowledge: The Perspective of New Leadership*. (pp. 93-117). Springer International Publishing, AG: Switzerland.

<sup>13</sup> Cooney, S. M., Huser, M., Small, S., & O'Connor, C. (2007). Evidence-based programs: An overview. Retrieved from <http://www.human.cornell.edu/outreach/upload/Evidence-based-Programs-Overview.pdf>

<sup>14</sup> Division of Protection and Permanency. Department for Community Based Services. Cabinet for Health and Family Services (2014). *Child abuse and neglect annual report of fatalities and near fatalities*. Retrieved from [http://chfs.ky.gov/NR/rdonlyres/8A7A72CA-BFD4-4183-8827-AED7D6C36AD4/0/DOC\\_20140916133736.pdf](http://chfs.ky.gov/NR/rdonlyres/8A7A72CA-BFD4-4183-8827-AED7D6C36AD4/0/DOC_20140916133736.pdf)



# Biographical Sketches

## **JOANN LIANEKHAMMY, PH.D.**

Senior Extension Specialist

University of Kentucky Family and Consumer Sciences Extension



Dr. Joann Lianekhammy is a senior extension specialist in the Department of Family and Consumer Sciences Extension at the University of Kentucky. She holds a master's degree in Cognitive Experimental Psychology and a doctorate in Family Sciences from the University of Kentucky. She spent more than three years working for Kentucky's Cabinet for Health and Family Services as a quality analyst. During her tenure with the state, Lianekhammy was directly involved with the evaluation of several projects aimed at increasing family well-being: Parent Advocacy Program, Family Preservation Program, Racial Disproportionality Initiative, and Kentucky Sobriety Treatment and Recovery Teams. In this capacity, she promoted evidence-based decision-making to improve program services and assisted service providers across the state by providing current research and data-driven reports on topics concerning at-risk families. She has coauthored publications on topics ranging from couples communication to electrical brain research and recently coauthored a book chapter on promoting mental health in adolescence.

In her current position at the University of Kentucky, Dr. Lianekhammy's work focuses on improving the health and well-being of individuals and families. She is the project lead of the Family Strengths Program. The Family Strengths Program works with Family and Consumer Sciences agents across Kentucky to create a benchmark of family strengths using survey instruments to identify community needs. This benchmark, which examines family processes and community involvement, will help design programs and measure program efficacy. Results of these assessments are being used to determine community program services to build stronger family functioning. Dr. Lianekhammy also serves as the Director of the United States Department of Agriculture (USDA) Rural Child Poverty Nutrition Center. The USDA Rural Child Poverty Nutrition Center was established in 2015 to reduce child food insecurity in states with the highest number of persistently poor rural counties.

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## **JUSTIN "JAY" MILLER, PH.D.**

Assistant Professor

University of Kentucky, College of Social Work



Dr. Justin "Jay" Miller is an assistant professor in the College of Social Work at the University of Kentucky. Jay is dedicated to social issues and community outreach, a passion that he brings to his work as an educator and scholar. His research and academic interests focus on child welfare, particularly outcomes related to foster and kinship care. Jay is actively involved in a host of community endeavors and has served as the cofounder/past president of the Louisville Association of Social Workers, and the founder of the Jefferson County Foster Care Peer Support Program and the Kentucky Chapter of the Foster Care Alumni of America. Jay is a past recipient of the Cabinet for Health and Family Services' Paul Grannis Award and is a 2014 inductee to the College of Health and Human Services Hall of Fame at Western Kentucky University. Jay was a Cohort Two Doris Duke Fellow (Doris Duke Foundation and Chapin Hall at the University of Chicago) and earned his Ph.D. at the University of Louisville. Last but not least, having spent time in foster care as a youth, Jay is a proud foster care alum.



## Biographical Sketches

### **DANIEL J. WHITAKER, PH.D.**

**Professor and Division Director for Health Promotion and Behavior  
Georgia State University School of Public Health**

Dr. Whitaker is a Professor at Georgia State University, School of Public Health, and Division Director for the Division of Health Promotion and Behavior. Whitaker's research interests include intervention and implementation research in the areas of child maltreatment and intimate partner violence. His work has been funded by the National Institutes of Health, the Centers for Disease Control and Prevention, Administration on Children and Families, and most recently the Patient-Centered Outcomes Research Institute. Dr. Whitaker is also the Director of the National SafeCare Training and Research Center, which disseminates the SafeCare model, a behaviorally based parenting program to prevention child maltreatment, and has overseen the dissemination of SafeCare to 23 U.S. states and six non-U.S. countries. Whitaker currently serves as the Editor-in-Chief for the journal *Child Maltreatment*.



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### **KRISTIN VALENTINO**

**Associate Professor  
University of Notre Dame Department of Psychology**

Dr. Kristin Valentino is the William J. Shaw Associate Professor of Psychology at the University of Notre Dame. She is also a licensed clinical psychologist. Dr. Valentino's research and clinical expertise is in the area of child maltreatment. Specifically, she utilizes a developmental psychopathology perspective to study the development of maltreated children. Additionally, Dr. Valentino focuses on the translation of developmental research into evidence-based intervention programs for maltreating families. She is currently evaluating the effectiveness of a brief intervention for maltreated preschool-aged children and their mothers in a randomized clinical trial funded by the National Institute of Child Health and Human Development. Dr. Valentino was the 2014 recipient of the American Psychological Association's Early Career Award for Outstanding Contributions to Research/Practice in the Field of Child Maltreatment and is on the Editorial Board of the journal *Child Maltreatment*.



# Conceptualizing Child Maltreatment: What is it and how can we fix it?

**Presenters:** Joann Lianekhammy, Ph.D. and Justin “Jay” Miller, Ph.D.

**Date:** February 4, 2016

## SUMMARY

### Cultural Considerations in Refining Intervention Designs

Megan Finno-Velasquez, Elizabeth A. Shuey, Chie Kotake, J. Jay Miller, College of Social Work, University of Kentucky, Lexington, KY

**Note:** This is a book chapter. To access the full document, please contact Angelica Reina at [angelicasreina@uky.edu](mailto:angelicasreina@uky.edu).

Child maltreatment occurs in families around the world, as well as in families from all cultures. The definition and meaning of child maltreatment, mainly physical and sexual abuse, is fairly consistent across cultures, but the way in which these definitions are operationalized and applied to families can differ significantly. In addition, there is inconsistency in the definition and meaning of child neglect and shifting norms around corporal punishment in the United States. This contributes to the need for considering child maltreatment within cultural context.

This book chapter centers on culture and parenting as a framework for understanding diverse families' experiences with the U.S. child welfare system. The authors discuss and give context to the past and current disproportionate involvement certain subgroups and populations have had with child welfare systems. They also provide suggestions for moving research, policy, and practice forward in a way that considers variations in parenting and culture. The ideas presented here are rooted in an interdisciplinary perspective as the authors attempt to discuss the roles of culture, parenting, practice, and policy at multiple levels using concrete examples.

### Defining Culture in Research, Practice, and Policy Related to Child Maltreatment

It is critical to understand that:

- Culture is a heterogeneous construct that is defined and operationalized in multiple ways.
- Culture can be described as a dynamic phenomenon that represents ways of living that have been developed by a group of people to meet their biological, psychological, and emotional needs.
- Cultural identity is a multidimensional construct informed by individuals' gender, age, religion, ethnicity and race, socioeconomic status, sexual orientation, national origin, heritage, and disability status.
- Cultural tools and knowledge are inherited by successive generations, but at the same time, these tools and knowledge are interpreted, transformed, and adapted by families and individuals within a particular socioeconomic and political context to fit their own needs.





- Fluid considerations of culture allow us to discuss in practical ways how prevention and intervention programs adapt to diverse families.
- Limited or overgeneralized conceptualizations of culture potentially dilute the effectiveness of cultural adaptations for child maltreatment prevention and intervention programs.

### **Research and applied work in child maltreatment:**

- frequently portray cultural groups as uniform communities, typically with an emphasis on easily visible shared characteristics and features, such as race and ethnicity.
- fail to recognize other cultural experiences that are critical to individual behaviors, masking great heterogeneity in experiences, beliefs, and practices within ethnic minority groups.

The need to move beyond race and ethnicity in the conceptualization of culture does not diminish the historical, social, and political contexts that have resulted in significant disadvantages and disproportionate representation of racial and ethnic minority families in the child welfare system. Here are some of the reasons for such disparities within the child welfare system:

1. Differential rates of maltreatment reporting and victimization for ethnic minority children may be largely explained by differences in poverty and the associated increased risk of maltreatment.
2. Certain races, ethnicities, or cultures are not inherently more or less likely to maltreat their children, but rather, are differentially exposed to common risk factors for child maltreatment beyond poverty (e.g., lack of health insurance).
3. Policies implemented over the past century have disproportionately affected racial and cultural minorities.
4. There is evidence of racism and bias in reporting and processing of African American children in the child welfare system.

Despite these disparities, families and communities of different racial and ethnic backgrounds—historically

treated as monolithic groups—have varied cultural histories, beliefs, and experiences that intersect with other factors and contribute to child well-being in different ways.

### **Culture, Parenting, and Child Maltreatment in Societal Context**

- Parents have always been a primary source of cultural transmission across generations, and societies rely on parents to teach children common social values and promote positive social engagement.
- In the U.S., parents hold primary, if not sole, responsibility for child care and rearing.
- Laws protecting children from maltreatment draw a line between parents' rights and the state's responsibilities, dictating at what point parental behaviors fall outside of socially sanctioned practices.
- Specific parental behaviors may take on different meaning in different societal contexts.
- Child neglect is perceived as serious mistreatment of children across cultures; however, what constitutes neglectful behavior is grounded in culture and context.
- Parents from ethnic and cultural minorities might perceive extended family members and their children as partly responsible for providing family support (financial assistance, child care). This may be viewed as neglect by U.S. practitioners.
- Parenting practices are influenced by cultural forces, such as beliefs about character traits in children (desirable or encouraged), prevailing advice about child rearing, suggestions from family and friends, and direct observations of the parenting behaviors of others.
- To effectively prevent child maltreatment, it is critical that researchers, practitioners, and policymakers attend to the meanings and contexts of parenting behaviors among diverse families.

### **Culture, Parenting, and Child Maltreatment at the Program Level**

- Parenting programs with some degree of effectiveness through randomized controlled trials



are the most robust evidence-based programs. Yet, in many cases, a program's development and testing are rooted in dominant values and norms of the Anglo middle-class majority culture. This raises concern about a program's effectiveness across diverse populations.

- Child welfare agencies and service providers must assess parenting processes and maltreatment risk while delivering services through a culturally competent lens.
- Building a child welfare workforce that is culturally diverse is important because it can facilitate deeper dialogue and awareness of culture among practitioners who train and work with diverse colleagues.

### Strategies for Moving Forward

- **Recalibrating the Conceptualization of Culture.**

The key is to continue instilling the notion that a family's culture is a product of experiences that cannot be categorized monolithically with easily visible shared characteristics and features such as racial or ethnic labels. Examining the role of culture in child maltreatment necessitates a close look at each family's heterogeneous experiences, beliefs, and practices across multiple contexts that are uniquely relevant to each family's functioning.

- **Refining Child Maltreatment Research for Diverse Cultural Groups.** Scholars must carefully articulate the definitions of maltreatment constructs included in studies, as well as assumptions about the cultural relevance of these constructs for the population that is being studied.

- **Enhance Intervention Design and Testing with Diverse Cultural Groups.** It is important to diversify the parenting styles and norms that are driving intervention development and normalization. Also, if we more consciously document and analyze the adaptation of evidence-based programs, our understanding of culture's role in parenting and in making interventions function across cultures will improve.

### Summary and Conclusions

In summary, it is critical to increase attention to and better define clarity of culture. By using culture as a central organizing concept to understand the history, beliefs, and behaviors shared among communities in the U.S., as well as in intervention design and implementation, the authors argue that it will be possible to better serve diverse families. It might also help reduce the disproportion of child maltreatment cases and child welfare service involvement among minority groups. Moving forward, research should focus on how parents engage in their cultural communities, how culture shapes their parenting beliefs and strategies, how these differences in parenting may affect the meaning and effectiveness of child maltreatment prevention and intervention programs, and how existing strategies and interventions for addressing cultural issues may be improved.





# Evidence-Based Parenting for the Prevention of Child Maltreatment

**Presenter:** Daniel J. Whitaker, Ph.D.

**Date:** February 4, 2016

## SUMMARY

### Initial Implementation Indicators From a Statewide Rollout of SafeCare Within a Child Welfare System

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The online version of this article can be found at: <http://cmx.sagepub.com/content/17/1/96>

**Note:** If you are unable to access the full document using the link provided, please contact Angelica Reina at [angelicasreina@uky.edu](mailto:angelicasreina@uky.edu) for assistance.

This article documents the initial rollout of the SafeCare evidence-based practice (EBP) in one state and the outcome of the implementation. SafeCare is a behaviorally based parent training model that targets parents of children from birth to age 5. The program is designed to address home safety, child health, and parent-child interactions in homes where child maltreatment is or has occurred. The SafeCare model is a structured approach to parent training that uses behavioral techniques to address health and safety and positive parenting. SafeCare addresses risk factors for both child neglect and physical abuse.

EBP models provide evaluative data that help determine the advantages and/or disadvantages of services offered by child welfare agencies. In a statewide trial, SafeCare has shown positive effects through lower recidivism rates for those utilizing



the program when compared to services as usual. SafeCare has also indicated positive outcomes for parent engagement and retention, parent satisfaction, and perceived cultural relevance of intervention as well as for provider job burnout and retention.

The National SafeCare Training and Research Center (NSTRC) provided the training and continuous support essential to form and sustain the program's fidelity. Goals for this study are to describe the individuals and organizations that participated in a statewide implementation of SafeCare; report on SafeCare training and implementation indicators and their correlates (e.g. demographics, field of study, work experience); and discuss the challenges and barriers to this implementation.

## Method

It was determined that private child welfare agencies would be the participating agencies for training. As



in some other states, child maltreatment cases are investigated by public agencies and then turned over to private agencies to administer services, which was the case for this state.

Trainings were held for both home visitors and coaches. (This document reports only on the implementation process of the Home Visitor portion of which all individuals participated.) The training sample consisted of 295 individuals from 50 agencies. All participants were asked to complete a demographic survey that included the Evidence-Based Practice Attitude scale (EBPAS). The EBPAS is 15-item scale that assesses provider attitudes toward adopting EBP.

As a means to determine training impact on implementation, the following performance indicators were measured: workshop role plays, quizzes, implementation, and fidelity.

To achieve a passing score, participants had to receive an 85% mastery of skills based on the SafeCare standardized fidelity scale. The same 85% score was required for “take home” quizzes after the training for each of the four modules. Use of training materials was permitted on the take-home quizzes.

The final measures were for implementation and fidelity. After completing the training, providers were to begin working with families referred by county child welfare agencies and to become certified. All sessions were recorded with a minimum of two of the initial four sessions observed live.

There were a few challenges to the implementation of SafeCare. Agencies became inactive due to lack of interest in pursuing referrals; trained providers left agencies; and there were a lack of referrals and delays in processing referrals. With these challenges in mind, three primary variables were examined as measures of in-field implementation: whether any SafeCare sessions had been performed; whether the provider reached home visitor certification by completing any four sessions with 85% fidelity or greater; and mean fidelity scores across the first four sessions, which was necessary prior to certification. Fidelity of each session was scored using a 30-item fidelity checklist.

Items from the checklist correspond to the behavioral changes expected to occur during that session.

## Results

Of the 50 agencies trained, 34 (68%) were located in an urban setting and 16 (32%) were located in a rural area. Most agencies (78%) reported already serving populations at risk for abuse or neglect, but some were new to serving such populations. Forty-nine percent of agencies had been serving families for 10 or more years, but 22% had served families for five years or less. Agencies were most likely to have heard about SafeCare through the county or state child welfare offices (62%). Just under a third (32.4%) of agencies indicated that they had implemented a structured intervention in the past, and just over 60% reported that they already conducted live observation of sessions for supervision.

Demographic data for trainees were missing for 63 individuals who did not complete demographic forms, so descriptions are available for only 232 individuals. Table 1 (see page 16) provides demographic information for the individuals who participated in training.

## Discussion

This article describes initial implementation data from a statewide rollout of SafeCare within a child welfare system with mixed findings of implementation. Workshop-based indicators suggest high performance during training, and observed that the in-field fidelity scores were excellent. However, the overall levels of implementation are low with relatively few providers conducting any SafeCare sessions and even fewer reaching certification. Thus, the story of the implementation to date seems to be one of high quality but low quantity.

Factors that promote the success of the implementation include a workforce that is willing and able to implement the new practice, organizations that support that practice, and system-level factors that allow a practice to occur. In the



current implementation, the first two factors were in place as about 300 providers were trained over a two-year period. However, it seems that systems-level issues have kept the implementation from reaching its full potential to date. During follow-up phone calls with providers, there were many reports that referral sources appeared to not be sufficiently informed about SafeCare and providers had not received appropriate referrals. There also appeared to be issues with how SafeCare was implemented in relation to existing service programs. SafeCare was added as a “new” service that required a specific

referral instead of being integrated into an existing program. SafeCare was considered as a competing option to current programs. Further complicating the referral issue was the fact that it took several months for SafeCare to be integrated into the electronic referral system used by most counties.

Study methods and results also had limitations. A fair amount of data is missing, and it is not known whether participants who completed demographic surveys differed from those who did not. Second, although observed fidelity was high, there were relatively few participants who provided fidelity data, and it is unknown whether those who did not implement would have performed as well as those who did. Similarly, because training was voluntary, agencies that chose to participate in SafeCare training may represent a biased sample; they may be more likely to adopt EBPs. A third limitation focuses on the outcome measures, particularly the use of quiz and role plays as outcomes. Participants were allowed to use materials to complete quizzes and to use outlines to conduct role plays, and thus scores were high, with relatively few failures. Still, there was enough variability in role-play scores to predict later in-field fidelity. Last, we have discussed the important role that we believe system-level factors played in influencing implementation. However, none of these system-level factors were measured systematically so the degree of their impact cannot be determined with certainty.

**Table I.** Characteristics of Staff Trained in SafeCare

Variable	N (%) or M (SD), n (n = 295)
Sex	
Female	214 (88.1)
Male	29 (11.9)
Age	39.8 (SD = 10.8), n = 216
Race	
African American	141 (60.0)
White	78 (33.1)
Latino	6 (2.6)
Other	10 (4.3)
Education	
Bachelor’s degree	33 (13.9)
Master’s or PhD	205 (86.1)
Discipline	
Social work	61 (26.3)
Psychology	53 (22.8)
Counseling	40 (17.2)
Other	78 (33.6)
Ever trained in an evidence-based practice?	105 (50.0)
Years work experience	
Less than 1 year	73 (35.6)
1–5 years	84 (41.0)
5+ years	48 (23.2)
Attitudes toward EBP	4.21 (SD = .50), n = 212
Mean quiz score (0–100)	93.7 (SD = 3.4), n = 293
Mean role-play score (0–100)	93.6 (SD = 3.3), n = 265
Conducted any SafeCare sessions	75/295 (25.4)
Certified as home visitor	66/295 (22.4)
Overall initial in-field fidelity score (0–100)	92.4 (SD = 5.6), n = 77
In-field fidelity, health module	93.4 (SD = 4.3), n = 20
In-field fidelity, safety module	93.0 (SD = 3.9), n = 19
In-field fidelity, parent–child interaction module	92.3 (SD = 5.2), n = 48
In-field fidelity, parent–infant interaction module	92.2 (SD = 5.3), n = 24

## Summary and Conclusions

The data presented are not unlike data from other implementations that demonstrate the difficulties of implementing new practices. In this implementation, there was no cost to providers for training and support other than the time to attend training, yet level of implementation was low. Thus, even free training and support were not sufficient to produce broad-scale implementation without addressing organizational and systems-level variables.

Controlled implementation trials are needed to understand how different training approaches influence implementation uptake and fidelity.

# Relational Approaches to Secondary Prevention of Child Maltreatment

**Presenter:** Kristin Valentino, Ph.D.

**Date:** February 4, 2016

## SUMMARY

### Training maltreating parents in elaborative and emotion-rich reminiscing with their preschool-aged children

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The online version of this article can be found at: <http://www.ncbi.nlm.nih.gov/pubmed/23548682>

**Note:** If you are unable to access the full document using the link provided, please contact Angelica Reina at [angelicasreina@uky.edu](mailto:angelicasreina@uky.edu) for assistance.



Child maltreatment is destructive to children’s development in multiple domains. With approximately 700,000 child victims of substantiated abuse and neglect in the United States each year, and five times as many possible cases investigated by the child welfare system, child maltreatment undoubtedly is a significant public health concern. Intervening with maltreating parents and their children during early childhood may provide the most beneficial impact on the child and family due to the rapid developmental changes at this age and the high prevalence of abuse and neglect in children under age 7.

**T**his article reports the results of a pilot study on Reminiscing and Emotion Training (RET), brief training for maltreating parents and their preschool-aged children. RET is an approach for

secondary prevention programs that serves to prevent subsequent maltreatment among families already involved in the system (probate court and the Department of Child Services). RET focuses on facilitating elaborative and emotion-rich reminiscing between parents and children. During elaborative reminiscing, parents talk to their children in ways that invite children to participate in the conversation. Parents add new information by asking open-ended questions (Who, What, Why?) and by filling in details when children don’t remember. Emotion-rich reminiscing is when parents discuss how children feel, label their emotions, and explain why they feel as they do and how they can resolve emotions. Elaborative and emotion-rich communication has been extensively supported in developmental literature as a way to improve parenting and child functioning in multiple domains. It can be taught effectively through brief training.

Positive parenting is vital in supporting young



children's cognitive development. As children's verbal skills develop, parents' ability to co-construct open, elaborative, and emotionally supportive narratives about children's emotional experiences become critical in supporting children's cognitive and socioemotional development. Mothers who talk in rich, detailed ways with their children about past events and in a high elaborative, reminiscing style have children who are able to discuss the past more elaboratively during parent-child conversations. Similarly, elaborative reminiscing is positively related to children's independent memory recall and benefits preschool-aged children's autobiographical memory, language, and literacy development.

Given the importance of elaborative and emotionally supportive reminiscing in shaping children's cognitive and emotional development during the preschool years and evidence that parents can develop these skills through brief training, researchers have begun to explore the clinical use of training parents in elaborative and emotionally supportive reminiscing.

For example, the effects of including training in elaborative, emotion-rich reminiscing as an adjunct to Parent Management Training (PMT) for parents of children with oppositional behaviors have been examined. Results indicate that the behavior of children in both PMT and PMT plus reminiscing groups improved, and that training parents in an emotion-rich reminiscing style resulted in greater parent and child use of elaborations and emotion references during shared conversations.

Research of maltreated children shows they have significant deficiency in memory, self-system functioning, emotion regulation, and increased risk for psychopathology. Therefore, training maltreating mothers in how to communicate in elaborative and emotionally supportive ways about positive and negative everyday past events may increase the protective effects of a positive parent-child relationship and enhance parental sensitivity. A reminiscing-based training strategy is particularly relevant for maltreating families because mothers



from abusing families engage in fewer verbal interactions with their children throughout infancy and the preschool years. When they reminisce, maltreating mothers are less likely to discuss causes and consequences of emotions with their children, which is associated with poor emotion understanding and poor emotion regulation in their children.

## Hypotheses

The primary hypotheses were that, after the training, parents in the reminiscing condition would demonstrate greater increases in their elaborations and emotion references as well as explanations of negative emotions than parents in the control group. Similarly, it was anticipated that children in the reminiscing condition would provide richer memories and increased ability to reference their own emotions relative to children in the control condition. Finally, it was anticipated that children's reminiscing skills would transfer to other contexts independent of maternal support. For example, children in the reminiscing group would contribute more new information to memory conversations and more emotion references than children in the control



group during reminiscing conversations with an experimenter.

## **Method**

### **Participants**

The training study included 44 parent-child pairs. Each pair was randomly assigned to the reminiscing training (reminiscing) or wait list (control) condition. After the preassessment, four families did not participate. Participating families were racially diverse (42.2% African American) and of low socioeconomic status (71.1% of families reported an annual income of less than \$12,000). If a family had more than one child in the eligible age range (3-6 years of age), the parent was asked to select only one child to participate in the study.

All participating parents had substantiated maltreatment cases (i.e., were perpetrators) that were ongoing in probate court; as such, all parents were actively involved with the Department of Child Services (DCS) at the time of enrollment. All children were living in the primary custody of the participating parent. Parents were all primary caregivers (87% mothers, 9% fathers, and 3% grandmothers). Families were asked to participate in an intervention to help them learn new skills for talking with their children. The intervention was presented as a program that could help improve parents' communication skills and relationships with their children.

### **Training conditions**

*Reminiscing and Emotion Training (RET).* The RET condition included four weekly, in-home one-hour training sessions in elaborative parent-child reminiscing and emotion understanding. Sessions were led by bachelor's degree-level home visitors, referred to as family coaches. Specific target behaviors included training parents to ask more open-ended questions; use detailed descriptions that describe the event and build on the children's

descriptions; make causal connections between children's experiences and emotions; and talk about resolutions for children's negative emotions. Training encouraged parents to include all of these skills in each conversation instead of specifying a length of time as a goal. These conversations focused on everyday past events and did not target traumatic events, though negative emotions were emphasized.

### **Wait list control condition.**

Following the preassessment, families that were randomly assigned to the treatment as control condition were scheduled for a post-assessment six weeks later. They were informed that following the second assessment they could elect to receive the training if they desired.

### **Measures**

Tasks before and after assessment examined parent-child and experimenter-child reminiscing conversations. Child language was assessed and utilized as a control variable, given evidence that language skills are associated with children's recall ability. Parent language was also assessed to ensure the two groups were comparable. Sessions were videotaped, audiotaped, and transcribed for coding.

## **Results**

Of the 44 pairs enrolled, 40 completed the study. Parents in the reminiscing group made significantly more attributions of children's negative emotions and provided more causes/explanations of children's emotions than did those in the control group. Inspection of reminiscing means scores over time for the intervention group indicated that the intervention was moderately successful for many parents, with positive change observed in 60% of parents for the use of elaborative utterances and 55% for negative emotion attributions. Overall, these key findings demonstrate that maltreating parents can be taught to use elaborative and emotion-rich reminiscing skills.



## Discussion

In the current study, maltreating parents were successfully taught to use a more elaborative and emotion-rich reminiscing style with their preschool-aged children following a brief training. After four weeks of home-based training, parents in the reminiscing condition included more emotion references for children's negative emotions, and more explanations of children's emotions during reminiscing about past events. This finding is consistent with prior literature where mothers learned these reminiscing skills following brief training and provides the first evidence that maltreating parents can benefit from training in parent-child reminiscing. Moreover, this study demonstrates that a reminiscing-based training with maltreating parents and their preschool-aged children is feasible.

The study also found that children in the reminiscing condition did not improve in their ability to contribute new memory information or emotion references during reminiscing with an experimenter. Although this finding differs from others where independent transfer outside the context of parent-child reminiscing was observed, these findings are consistent with those of Van Bergen and colleagues (2009). In this study, the children may have not yet gained enough experience reminiscing with a high elaborative and emotion-rich reminiscing style to internalize these skills.

## Limitations

Although the current study provides promising initial data about the benefits of parent-child training in elaborative and emotion-rich reminiscing, it is not without limitations. Most significantly, because this study used a wait list control design, long-term effects of the training could not be examined as all families were ultimately offered RET. Thus, any subsequent comparisons between those who did and did not receive the reminiscing training would be confounded by selection biases. Similarly, although preliminary evidence was presented that RET is

efficacious, such that findings are not due to the effects of assessment procedures or time, differences could not be attributed between groups to the RET specifically or to the provision of opportunities for professional guidance more generally, as the control group did not receive comparable face-to-face contact. Thus although the current study is an important first step toward evaluating the potential benefits of training maltreating parents and their preschool-aged children in elaborative and emotion-rich reminiscing, the results must be interpreted with caution.

## Summary

In summary, improvements were observed in parent and child elaborative and emotion-rich reminiscing following a brief training with maltreating parents and their preschool-aged children. Given extant research in the developmental literature that documents the positive benefits of elaborative and emotionally supportive reminiscing for child cognitive and emotional development as well as for parenting, reminiscing-based parent training may be useful to foster the healthy development of maltreated children.

Children in families that have had prior involvement with child protective services are at the highest risk for future child maltreatment. Intervening with these families is likely to prevent future child maltreatment. This pilot study focused on families where maltreatment had been substantiated, but the same approach could be a primary prevention effort for families that are identified as high risk for maltreatment and in families where child maltreatment has been investigated but not substantiated.

It will be important for future research to examine the long-term effects of training maltreating parents and children in elaborative and emotion-rich reminiscing in a large, randomized controlled design, including the identification of the mechanisms underlying beneficial treatment outcomes.





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The annual Kentucky Family Impact Seminars is a project of the School of Human Environmental Sciences, the Kentucky Cooperative Extension Service and the College of Agriculture, Food and Environment at the University of Kentucky.

