Parenting Interventions: Impact on Child and Family Outcomes and Role in Child Welfare Services

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Parenting Interventions

• Language and characteristics
  – child-focused and parent-mediated classes
  – target behavior /conduct problems (CD/OD)
  – Elements for parent-mediated – homework, in vivo practice, consistent consequences for behavior problems, and non-harsh methods (time out)

• Profusion of riches with robust evidence - Meta-analysis (Weisz et al) – 298 studies of child psychotherapy trials (1963-2002) across 4 problem clusters meeting rigorous criteria
  – 94 on anxiety or fears, 23 on depression, 46 on ADHD and related attention problems, 135 on conduct related disorders and problems (35 on “parent-focused”)
  – Multiple RCTs on well-known with low-medium ESs
Parenting, CA&N, and CW

- CA&N – disorders of parenting

- Child Welfare as the service system mandated to address CA&N from CPS investigations of parental behavior with resulting risk to children

- CW mission and services are organized around three mission elements: safety, permanence (stability), and well-being

- CW takes strong responsibility for safety and permanence, but is ambivalent about well-being since well-being is seen as requiring the expertise and resources of sister agencies such as child mental health, developmental services, health, education....
Need for Parenting Interventions in CW

- Parenting interventions to change the abusive and neglectful behaviors that put children at risk

- Parenting interventions to address the behavior and conduct problems resulting from abusive and neglectful parental behaviors

- San Diego study using DSM-IV, DISC –IV with child welfare dependent children (N=426 ages 6-17)
  - 42% any dx with moderate impairment
  - 22.2% (ODD), 20.8% ADHD, 16.1% CD, 8.6% anxiety, 5.2% depression

- NSCAW study
  - CBCL clinical/borderline behavior problems
  - 45% ages 4-15, 27% ages 2-3
Cumulative Percentage of Mental Health Service Use by Level of Child Welfare Involvement for a Cohort of Children Investigated for Possible Child Abuse or Neglect (n=3592, weighted percents)\(^1\)

\[\text{Percent} = \begin{cases} 
\text{In home no service (n=1350)} \\
\text{In home with service (n=1534)} \\
\text{Out of home (n=708)} 
\end{cases}\]

1 Time frame is from -5 to 18 months; time zero is contact date with child welfare
Percent Continuing Use of Specialty Mental Health Services After First Month of Starting Use, by Reunification Status (Method 2, n=453)
Mental Health Service Use by Maltreatment Type (San Diego)
Current MH Service Use by Most Serious Maltx Type (NSCAW)
Parenting Interventions: Evidence vs. Use in CW

• Richness of interventions and robust evidence
  – Most parenting interventions developed in psychology with strong evidence of effectiveness – we know how to change parental behavior
  – Appropriate for different ages of child, severity of problems, and increasing evidence of effectiveness with diverse populations

• Paucity of use of EB parenting interventions in child welfare services despite strong evidence of need to address abuse and neglectful parental behaviors and need to provide both biological and substitute parents the tools for addressing behavior/conduct problems

• The problem is not having effective interventions but how to disseminate, implement, scale-up, and sustain
Richness of Interventions and Paucity of Use (1)

• How to fit parenting interventions which were developed outside the child welfare service system
• The special case of neglect and parenting interventions
  – which service system platform – child MH, CW
  – treatment vs. prevention
  – substitution of parent training models (EB) for current parenting classes (mostly untested)
  – adapt EB parenting interventions for biological parents and substitute parents (foster and kinship)
  – Use of homework and in vivo training for parents with children in out of home care - visitation platforms

The special case of neglect and parenting interventions (Knutson, Reid et al) – neglect and harsh parenting (Chaffin et al) – accidental use of PCIT for neglect
Richness of Interventions and Paucity of Use (2)

- Need for decision tools for CW managers
  - Selection of age and condition appropriate parenting interventions
  - Linkage of parenting intervention outcomes to child welfare outcomes (safety, permanence, stability, Child and Family Service Reviews)
  - Implementation guidelines

- Need for research methods appropriate for the dissemination and implementation challenges
  - Research design options for D&I research – randomize by time
  - Unit costing for child welfare similar to health services
  - Use of the extraordinary CW data systems and research programs (NSCAW I&II, Multistate Data Archives, NDCANS) for modeling targets of opportunity to implement parenting interventions in child welfare
  - Use of micro (decision analysis) and macro (agent based) simulation methods (system science) to integrate RCT effect size data with survey and administrative data - both are underway
  - Efficient and feasible methods for ensuring fidelity
Promising Directions for Parenting Interventions in Child Welfare Settings

- Development of decision tools such as the California Evidence-Based Clearinghouse for Child Welfare
- Research studies using parenting interventions for child abuse and neglect
  - Tripple P in South Carolina and St. Louis
  - SafeCARE and PCIT in Oklahoma
  - MTFC in California and Ohio, England
  - Keep (PTO) in San Diego, Baltimore, Washington State, England
  - IY in California, Washington State
- Methods development for D&I in child welfare
  - Alternative designs (randomized and non-randomized)
  - Fidelity methods for child welfare settings
  - Development of implementation process/outcome measures
  - Adaptation of the English Cost Calculator for the U.S.
The Road Ahead

• Need for effective parenting interventions is not the primary issue as a multitude of effective preventive and treatment models exist.

• Translation of those interventions into child welfare service systems and other systems such as child mental health care is the primary problem – translation step two.

• Number of promising dissemination and implementation studies are underway, some with promising published results where well-being outcomes are associated with safety and permanence (stability) outcomes at the core of the child welfare mission.

• Downward age extension of parenting interventions