



Pathways Triple P and the child welfare system: A promising fit

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ABSTRACT

Parents referred to the child welfare system following maltreatment allegations are often ill-prepared to constructively address child disruptive behaviors, despite the high prevalence of these behaviors among this population. Evidence-based parent-mediated interventions are effective in improving parenting skills; however, they are rarely offered within the child welfare system. The purpose of this pilot project was to evaluate the fit and acceptability of one parent-mediated training program (Pathways Triple P) to case managers and parents within this system of care. We implemented Pathways Triple P and subsequently interviewed referring case managers and parents who had participated in the program. Case managers felt the program would work well within the existing child welfare system and would help them to better serve parents. They felt the program had potential to improve parenting skills and prevent future maltreatment. Parents appreciated the program's use of diverse methods, and the variety of parenting techniques taught. In keeping with case manager expectations, participants reported that their enhanced parenting skills and new ability to use non-physical discipline resulted in a better home life. We conclude that Pathways Triple P fits well within the child welfare system and is acceptable to both case managers and parents within this system.

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1. Introduction

Children in the child welfare system are at a higher risk for serious psychopathology, including disruptive behavior problems and the development of conduct disorder, than are children in the general population (Gewirtz & August, 2008). In fact, one study showed that 39% of children in the child welfare system suffered from attention deficit and hyperactivity disorder, conduct disorder, and/or oppositional defiant disorder (Garland et al., 2001). Furthermore, a national probability study of children of parents under investigation for child maltreatment determined that 43% of the children had borderline or clinical levels of externalizing behaviors (U.S. Department of Health and Human Services, Administration for Children, and Families, 2005). These behavioral issues – while often a consequence of the maltreatment which led to entry into the child welfare system – also present a challenge to parents' coping skills. That is, some parents lack the knowledge, skills and competence necessary to address difficult child behaviors. This parenting deficiency increases the risk for the use of harmful parenting practices, which may then exacerbate child behavior problems (Bender, et al., 2007; Coie & Dodge, 1998; Dodge, Bates & Pettit, 1990; Mersky & Reynolds, 2007). For parents referred to the child welfare system due to maltreatment allegations, parent-mediated interventions may reduce disruptive child behavior pro-

blems by improving parenting capacity and strengthening parent-child relationships.

The need for effective parent-mediated interventions within the child welfare system is great, with an estimated 30% of the 2,000,000 parents entering the child welfare system each year receiving parent training (Barth, 2008; Barth, et al., 2005). Unfortunately, most parent training programs provided within the child welfare system have not been subject to rigorous evaluations and thus cannot be considered evidence-based (Barth, 2008). In addition, many fail to emphasize the reduction of child behavior problems, thus leaving parents unprepared to respond assertively to difficult behaviors. In order to ensure the success of parent-mediated interventions within the child welfare system it is critical that they are efficacious (Drake, et al., 2001), fit well within the child welfare system (Barth, 2008), and are acceptable to parents referred to child protective services (Cooper, Hill & Powe, 2002). Thus, the purpose of this pilot project was to conduct a preliminary assessment of the acceptability and fit of an evidence-based parent-mediated intervention, Pathways Positive Parenting Program (Triple P; Sanders, 1999), when delivered within one child welfare system in a midsized Midwestern city.

1.1. Factors associated with intervention dissemination

A growing number of empirically supported parent-mediated interventions are available (e.g., Herschell, Calzada, Eyberg & McNeil, 2002; Sanders, Markie-Dadds & Turner, 2003; Webster-Stratton, 1994) and the use of evidence-based practices (EBPs) has become the “gold

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standard.” There is a growing expectation that all usual standard services provided in systems of care such as the child welfare system be evidence-based (Drake, et al., 2001). Given this expectation, it is important to address issues inherent to integrating EBPs into this system of care. A number of theorists have discussed the challenges inherent in dissemination of effective interventions, such as parent-mediated interventions, to initial or additional real-world practice contexts like the child welfare system. Schoenwald and Hoagwood (2001) noted the importance of considering characteristics of service systems, organizations/agencies, practitioners, clients, interventions, and delivery of services when determining the transportability of interventions. Additionally, a good fit between the service delivery system, intervention, and client is necessary (Berwick, 2003). Salient characteristics of each are discussed next.

1.1.1. Service delivery system

The child welfare system is charged with ensuring child safety, permanency and well-being and is well-positioned to serve as a gateway to evidence-based interventions aimed at improving parenting capacities and reducing high-risk child and adolescent behaviors. Thus there is a critical need for cost-effective, brief evidence-based interventions to be readily accessible to parents who have been referred to child protective services for the abuse or neglect of their children. At the agency and practitioner levels, it is important that agency leadership actively support new interventions and provide sufficient agency resources, including ensuring provision of training and support for front-line staff, adequate staff time, and reasonable workloads (Glasgow & Emmons, 2007; Proctor et al., 2007).

1.1.2. Intervention

Important intervention characteristics include a minimal intensity required for effectiveness (Glasgow & Emmons, 2007). It is also important that interventions be manualized, with guidelines provided as to which elements can be modified to best suit client needs. Proctor, et al. (2007) noted that agency directors valued interventions which were applicable to real-world client populations and problems. Chapman, Zechel, Carter and Abbott (2004) agreed, emphasizing the importance of the intervention's relevance to clients as well as its effectiveness. Other important intervention characteristics fall under the heading of service delivery characteristics. These include characteristics necessary for client access to services: availability, accessibility, accommodation, affordability, and acceptability (Penchansky & Thomas, 1981). The first four characteristics have been noted as potential barriers to client access (Cooper et al., 2002). For instance, are interventions available when clients need them, at convenient days and times? Are interventions held at locations accessible to clients, and is transportation provided? Are they affordable to clients or is the cost covered by insurance? Are buildings wheelchair-accessible, and are interventions delivered in languages other than English when necessary? Is on-site child care available and affordable? (Kazdin, Holland, Crowley & Breton, 1997).

1.1.3. Client

Client characteristics that are important to a good fit with an intervention include a perceived need for the intervention and the ability to complete intervention elements (Cooper, et al., 2002). Kazdin et al. (1997) noted that obstacles to completing an intervention include the logistical barriers described in Section 1.1.2, stressful life circumstances, schedule conflicts, and critical life events such as illnesses, new jobs and relocation to a new neighborhood. Clients also actively evaluate the acceptability of the intervention and its relevance to their life circumstances. In Kazdin's study, clients who experienced fewer of these barriers attended more treatment sessions than did clients who experienced more barriers; moreover, when controlling for client characteristics and critical life events, the mere perception of barriers to participation was predictive of client drop-out (Kazdin, et al., 1997).

Prior to implementing a parent-mediated intervention into the child welfare system, it is therefore important to evaluate its fit and acceptability with the target population in the target system of care. We examined these factors for one EBP (Pathways Triple P) when implemented with parents with open child welfare cases following a maltreatment report.

1.2. Triple P

Triple P is a continuum of programs which provide parent management training techniques at five different levels of intensity, using different service delivery modalities across multiple levels of the intervention (Sanders et al., 2003). Level 4 Triple P is an eight-week parent-mediated intervention that aims to improve positive parent-child interactions and parenting behaviors in order to reduce child behavior problems. It has been shown to be effective in improving parenting capacity and child mental health outcomes when provided to parents of children with early onset conduct disorder, parents at risk of child maltreatment, depressed mothers, and parents experiencing marital conflict (Sanders, et al., 2003; Sanders, Markie-Dadds, Tully & Bor, 2000; Sanders & McFarland, 2000). Level 5 (Pathways) Triple P, which includes the Level 4 curriculum as well as three add-on modules, has promising evidence demonstrating that it can improve parenting skills and attitudes, increase parenting-eficacy, and reduce child behavior problems (Sanders et al., 2004). Designed to alter negative parent beliefs and reduce parental anger and stress, the add-on modules were developed for parents who were at risk for child maltreatment, suggesting that it is an ideal candidate for parents in the child welfare system. Yet Triple P, as well as other parent-mediated interventions, is understudied with parents in the child welfare system. Given that parents within this system of care often mirror the populations for whom Triple P and Pathways Triple P have been effective, Triple P may be especially appropriate for use with parents who have been referred to child protective services.

This pilot study fits into a larger research agenda that seeks to: (1) examine the translatability of Triple P and Pathways Triple P to a child welfare service delivery setting, (2) prevent child maltreatment and conduct disorder, and (3) promote safe, stable and nurturing parent-child relationships among the vulnerable child welfare population. The specific aims of this study were to:

- (1) ensure our ability to implement Pathways Triple P within the child welfare system and to collect preliminary data to inform a larger randomized control trial,
- (2) explore acceptability of the intervention to parents and referring case managers,
- (3) explore the fit between Pathways Triple P and parents in the child welfare system, and between Pathways Triple P and case managers.

2. Methods

The project paired researchers with key child welfare partners in both public and private agencies. Agency leadership collaborated in study design and decision-making through a series of planning meetings and advisory board meetings that were held throughout the research process.

We conducted a pilot study of Pathways Triple P with parents who had been referred to the child welfare system because of maltreatment allegations and were case managed by either the public or private child welfare agencies in a midsized Midwestern city. The state in which it is located utilizes a partnership between public and private agencies to serve children and families in the child welfare system. Cases are assigned to either the public agency or one of several performance-based contract agencies for case management and/or service provision (Lee & Samples, 2008). All study procedures were approved by the

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